

Causes

Lung symptoms and fatal consequences of Covid-19 guideline treatment from the perspective of the 5 biological laws of nature

Characteristics of real epidemics SARS-CoV-2 constructed in the laboratory?

Vicious circle and "second wave" After the epidemic is before the epidemic! Is there a connection: flu vaccination and corona death? How to make a disease out of nothing!

NB This is an auto translation of the original German document. I don't read German and I'm working with free software so the result is far from perfect, but I hope it gives an idea of the original and along with the original copy, you can cross check things.

I've not included all the images, just the main ones and graphs.

When you read 'pcl phase' think of it as 'repair'

When you read 'ca phase' it stands for conflict active, but it's a technical term in 5BL so it's not quite the same as you might imagine.

Letters/Emails to the editor

Mailing list

Hello Michael, thank you for your last dispatch, which again spoke completely from my heart. I love it very much to read your opinions on these certain topics, because I feel so much confirmed in my thinking, feeling and acting. The only problem: After reading your dispatches it is even more incomprehensible to me how other people can still believe in the fairy tale of the Corona virus and defend their faith with all means. We have been busy here for months distributing leaflets in letterboxes, on park benches, in bus stop shelters etc. pp. This started already in January from our vaccination table with the education about the measles protection law and then seamlessly changed into handouts about Coro-na. I just attach the leaflet to you, it is in DIN A5 format and printed on both sides - as much information as possible in a handy format ;-) Or as a notice in DIN A4 format. You are welcome to use it. We found the idea with the throwing notes very practical, because you can communicate independently from all (also social) media and also reach those who are not on any television channels. And you can spare yourself energy-sapping discussions or insulting attacks if you want to. Best wishes, Lucy

A tough world

I took your 09+10 dispatch from the mailbox last night. At 4 o'clock in the morning I was done with it and put it aside quietly. I was so shaken up that I didn't want to sleep at all. Even though I had intuitively grasped some things, I am really shocked by what is actually going on in society through the corrupt and cynical "politics". Also the contents of the letters were so revealing that I had to read some of them twice to understand what was said. I felt the same way with some other passages of the Depesche Simply because I didn't want to believe it the first time I read it. Emotionally, the reading went up and down. It's a tough world we live in, only the whitewash makes it seem mild. I would like to join the readers who express their gratitude for what you have consistently achieved and continue to achieve. Sincerely yours, Barbara T.

Who believes - and who thinks for themselves?

Good afternoon! I have emailed your "Questions to the Committee of Inquiry" to a few friends, asking them to find their members of parliament and write to them. Some were very enthusiastic about the great text. Now I hope that one or the other of them will be able to write to their members and make a difference. There is one observation I would like to make: Those who are or have been employed as employees under instructions believe without reservation everything that is published in the media. Those who are rather self-employed think differently - otherwise they would not have dared to take the step into self-employment. They may question one or the other statement and form their own opinion. And: someone who watches TV, radio, reads the newspaper ... to explain a view contrary to the mainstream is hopeless. In the first moment they understand a little - but the next day they listen to the other side for hours and hours, and they are convinced of their statements again. Because what is preached 100 times a day is just right. One more thing: the school of our children requires proof of a double measles vaccination. The doctor, however, is only allowed to administer the triple MMR vaccine without bearing the responsibility for any damage himself. The pure measles vaccine is only available for him in Switzerland, i.e. abroad, not in the EU. He as a doctor is responsible if he administers this vaccine (which we would have had to pay for ourselves, the health insurance does not pay for it) and something goes wrong. Thank you for the excellent information and everything, all the best, S.B.

This dispatch stinks!

Hello, dear ones, hadn't ordered a paper dispatch for a long time. Today the delivery with the Corona-themes - great, as always. But: What do you use for paper and printing ink? Smells terrible and touches anything but environmentally friendly paper. The stench even sticks to the skin - I don't like to touch the newspapers anymore and the smell gives me a headache. Think that doesn't suit you at all! Lose the old paper version - no one needs colour and high gloss. Best regards, Martina

This is how it always starts

Dear Michael Kent, thank you for the many

Dispatches and especially for this Corona Dispatch.

You make it all wonderfully understandable, also for Silliest of the sleeping sheep. There's only...

still died of Corona - all other causes of death slip away? At first the radio said: "In Germany we're well prepared for EVERYTHING, and no one need be afraid to-ben." So at the age of almost 85, I said to myself, "Yeah, like that.

it always starts, I know these sayings all too well!"

That's exactly how it happened. It became a Punch and Judy show for all sleep sheep. I haven't read the daily paper for 30 years. because I know about the outrageous fairy tales of our quality lie journalists. Today we are called all "conspiracy theorists" - just funny: conspiracy-tion theorists have never harmed anyone.

But the conspiracy practitioners, they judge our beauty.

...a world gone to pieces. Their lies are so big that it nevermind can believe that they are lies. A week ago, I was thinking I know people in the world. And so I asked relatives, friends and acquaintances in Germany, Austria, Switzerland, Liechtenstein, the Netherlands, France, Belgium, Bulgaria, Romania, Italy, Spain, the Canary Islands, Greece, Portugal, America and Canada. Yes, and now just imagine: In the whole circle of people and their acquaintances, etc. not a single person knew a Corona patient or dead person! All answers were: "No, we don't know any Corona patient. We are all healthy." In all these years we always knew someone who had a "normal flu", but in the Corona year of all years ALL are healthy? How about that?!

One can only marvel at the corporeal obedience of the Germans. Merkel orders the wearing of masks - although Carnival is long gone - and everyone joins in. Yes, as a good German one has to follow, because "one" only means well and wants to protect us. Whoever believes it, will be blessed. Think of the nonsense and inhumanity: the old, the sick, the weak must not be visited, must die alone - lonely and abandoned! Mamas and grandmas wait in vain for their loved ones. They must not come. These are the cruelest methods of torture. And now imagine: All this for NOTHING! We know: There are no disease-causing viruses, there is no infection! This is as safe as the Amen in the church - actually even safer!

In the year 2005 my husband and I got to know and understand the five biological laws of nature - and with that we survived several diseases, also cancer, without orthodox medicine! We believed nothing! We tried it out! And behold: The miracle happened! Since 2005 we had nothing left that had been a constant companion before.

I really don't know what else has to happen so that the Germans finally wake up. At the moment they are busy denouncing, they are betraying their neighbours because they have their daughter visiting them. It is a disgrace!

Yes, Michael Kent, if you lived round the corner I could tell you a lot more. Luckily, there's a large circle of dispatchers. Thank you very much for your great effort and for your great writing. Thank you, Elfi W.

Poems in Corona Time

[a part is missing at the start here due to format issues in the original pdf]

I'm glad somebody put all this down on paper. However, it's all so horrible and perverted that it wouldn't have been bearable without (black) humor. That's why the numerous pictures and cartoons were very helpful, so that I could laugh the whole madness off my mind again and again. The dispatch reminded me of a poem I wrote a few years ago: "The German Michel is sleeping"!

Yes, and then came the Corona dispatch - by e-mail, the first one I ever completely devoured on the screen. It's all so unbelievably unbelievable that it left me speechless. And since this topic has been on my mind for quite some time, I came up with two more poems (see next page).

I wish you, Sabine and your whole dispatch team all the best. With guaranteed virus-free greetings, Gernot B.

Where madness celebrates its roots, the lie is told without interruption,
wise words are in dire need. We are all in the same boat.

PS. I was very pleased that you have given so much space to the topic of "psychopaths" in the political dispatch and that you will soon be writing a whole dispatch on the subject. I consider this topic to be absolutely essential, and everyone should know about it, because knowing what makes psychopaths tick is the only effective protection we have against them - or without this knowledge all efforts to free ourselves from them are waste - or dangerous. At the moment they can really let off steam.

PPS. Could you write about (compulsory) vaccinations in one of the next dispatches? I'm not the only one who's really scared, as I can see from the letters to the readers. Answer MK: Dear Gernot! The dispatch on the new genetic vaccines is in progress, and we are also keeping a non-stop eye on the subject of compulsory or compulsory vaccination.





Michael Kent, Vorwort

Dear reader! Dear friend!

A man is standing in the pedestrian zone, waving his arms and hands in the air. A courageous passer-by steps up to him and asks him what he is doing. "I'll drive the elephants away!" The woman says: "But there aren't any elephants around here!" - "Look, it works!" The man is, of course, a symbol of our government. She too is waving hysterically, banning this today, that tomorrow. The citizens approach her and ask: "What are you doing? We have hardly any Corona cases left in Germany!" And the government says: "Look! It's because of our measures."

At the latest when the Chancellor says at point x (Fig. 1 below) of the corona case number development: "We are still at the beginning of the pandemic", as happened on 27 May, one wonders whether the good woman (a) perhaps urgently needs medical help - or but whether she knows (b) about circumstances or (c) about plans that others do not know about. It's a matter of choice. All three variants are not exactly reassuring.

The most harmless explanation for this ominous quotation would be the possibility that she didn't mean us Germans by "we" but the world - which is not unlikely in that she used the word "pandemic", which stands for a worldwide epidemic. In this case, too, it would be wrong, but at least the official figures from Johns Hopkins University would prove it right (Fig. 2). For they actually suggest that "the epidemic" is still on the rise worldwide - which is an ominous state of affairs that can hardly be explained by logic, at best by trickery. Because corona waves have the same course all over the world. An Israeli team of researchers told the Times of Israel that they had examined the corona waves of all countries and had come to the conclusion that they generally reach their peak 40 days after the eruption and that after 70 days they tend practically towards zero - the same everywhere - and oh- ne exponential curve¹. So why doesn't the worldwide development not equal (a little bit delayed) the sum of all country curves? Why does no visible weakening take place worldwide (Fig. 2)?

Figure 1: Corona cases, development of reported data, official figures of the Robert Koch Institute (RKI) for Germany

Abbildung 1: Corona-Fälle, Entwicklung der Meldedaten, offizielle Zahlen des Robert-Koch-Instituts (RKI) für Deutschland.



In fact, such a weakening was already apparent in April. Then, however, there was a rapid increase from mid/end of May. What had happened? The corona wave in the northern hemisphere weakened, was only held by test records in the USA (e.g. 3 million tests only in New York - almost as many as in all of Germany), but then winter was approaching in the southern hemisphere (it is now almost "December") - and the numbers there were happily added to this. Two waves of flu melted into one. Corona makes it possible: Brazil with 800,000 cases (which is nothing special in a country of 200 million), Peru, Mexico, India, Pakistan, the Arabian Peninsula, Indochina, Indonesia and the southern African continent - another million. Moreover, China seems to be staging a "second wave" at the moment. It is therefore advisable that we press the STOP button, take stock and consider what has really happened so far. Because the events of the next few months will massively distort the overall picture.

For reasons which we will explain in our main articles starting on page 9 and page 23, other types of death are likely to be added to the corona statistics soon, e.g. cases resulting from the fates and conflicts of the lockdown and the global economic crisis, etc.

So let us note: Before the numbers of the southern hemisphere were added, we had about 370,000 "corona deaths" worldwide. We will leave aside the fact that hardly any of them died of Corona. In the same period of time - beginning of February until the end of May - about 37 million people worldwide died of all other causes of death. The calculation is easy: 370,000 of 37 million = one percent.

So the world gets the shivers because of a small percentage of all deaths - and that where, according to the official figures of the WHO, 6.7 percent of the world population always die of respiratory tract infections and another 5.8 percent of lung diseases! Here, a tiny part of the normal death spectrum is artificially redefined to "corona" by testing. Due to the real situation there is no reason for our rulers to start spinning! Then why are they all doing it?

Perhaps I have recently found an answer that could at least half explain the irrational governmental behaviour - provided that one does not assume that all governments of the world work hand in hand in a great conspiracy.

Fig. 2: Development of Covid-19 case numbers worldwide

As early as April 2020, there were already signs of stagnation or even a slight decrease in the number of Covid-19 cases worldwide. Then,



however, increased numbers of cases also occurred in the southern hemisphere (especially Brazil) - and the wave of influenza in the winter that began there was added to the overall development.

It all began when I read the exciting book by the renowned top microbiologist and virologist Karin Mölling: "Superpower of Life - Rides into the Amazing World of Viruses". In it, the author describes, among other things, what today's genetic and viral research is doing in simple frivolity. For example, gene sequences are taken from an HIV and artificially inserted into an influenza virus, for example in the attempt to find a vaccine against HIV.

That gene sequences are cut, recombined, inserted into other virus envelopes, their surface proteins are changed etc., is one of the "normal", well, let's say "everyday" occurrences in high security laboratories. The author does not hide the fact that misfortunes often happen and viruses leave the laboratory with the necessary equipment.

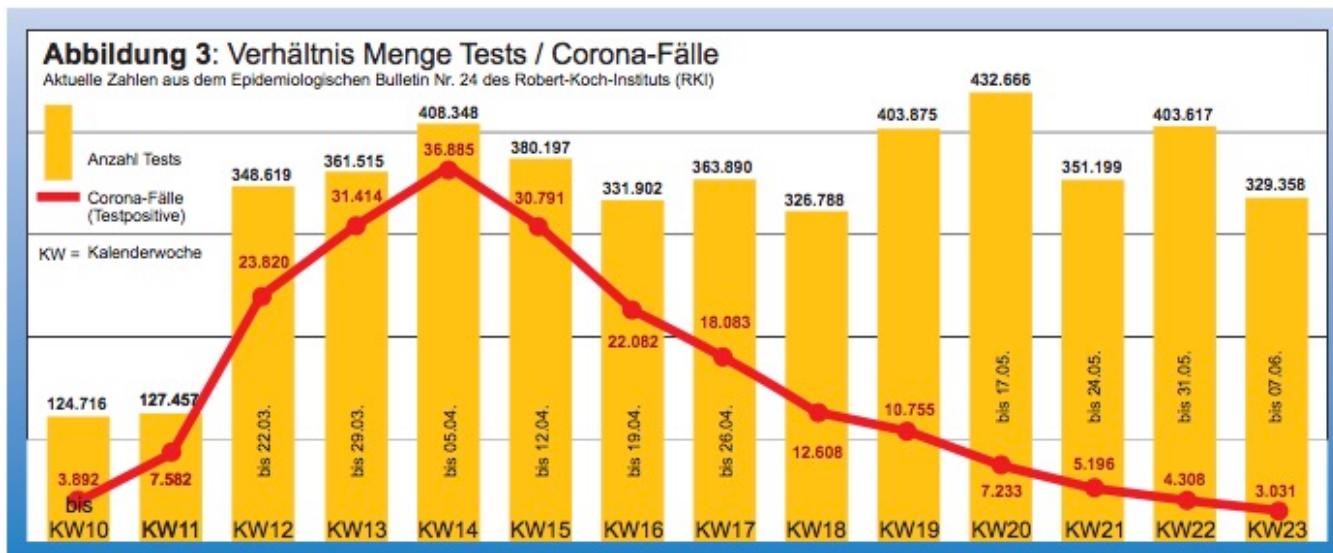
I took note of this and did not worry about it until three weeks ago when I came across a television interview with the French virologist Luc Montagnier. I would probably have dismissed this interview as incidental, had it not been by Luc Montagnier - and had I not read Mölling's book at the same time. Luc Montagnier - the discoverer of HIV, one of the most highly decorated virologists in France - told the French news channel "CNEWS" that he had established beyond doubt that the Wuhan virus contains a small but definitively artificially inserted gene sequence from HIV.

He was then attacked by the mo-dator: How could he say such a thing? Dozens of renowned scientists have stressed that the virus is of natural origin, etc. Whereupon Montagnier, unmoved, replied sensibly: "You know, I am at retirement age, I have achieved everything in life, I am a no-prize winner, when I do research I have no interest group behind me ... Now, who could more accurately identify an artificially inserted HIV sequence than Luc Montagnier, the discoverer of HIV?

That was credible - especially because the whole media and science crowd tore Montagnier apart afterwards ... the highly praised Nobel Prize winner. He was two years old and doddery, would not be doing any research at all at the moment, hadn't published anything for ages ... blah-blah-blah. And Facebook even censored his interview as "fake news"! All of these are indications that his statement had to be true.

Harald Wiesendanger shares this opinion. He is a philosopher, psychologist, sociologist, naturopath - and in addition a first-class journalist who has written for Zeit, Welt, Frankfurter Allgemeine, Rundschau, Rheinische Merkur and for countless specialist magazines. In his series "Das Corona-Rätsel" he unravels the origin of the Wuhan virus, using official sources. He describes among other things the hair-raisingly dangerous, but everyday experiments in not only Chinese laboratories, proves that laboratory staff stole test monkeys contaminated with genetically modified viruses in order to earn a few extra yuan at the animal market, describes experiments to make viruses more infectious as biowafes and to provide them with additional "benefits" - accompanied by the meticulously researched attempts of the Chinese to sweep all accusations under the carpet so that in the end it is clear: SARS-CoV-2 was tampered with in the lab. Whether it escaped intentionally or accidentally is up to you.

The graph of the test numbers of the RKI shows a highly interesting development: At the beginning, when Covid-19 was still virulent in the population, the case numbers developed proportionally to the number of tests performed. But then the trend changed as of calendar week 17, i.e. the number of tests remained constantly high, but the number of test positives decreased further and further. In week 23, the percentage of test positives is just at the same level as the number of false positives - in fact, there are currently no real new Covid-19 cases in Germany, but only false test positives at best.



That doesn't really mean much - manipulated or not, the virus is not dangerous according to the real facts. It concerns simply an interesting fact, which perhaps helps to explain why almost all governments of the world react so irrationally, because after all let

Only vague predictions can be made for genetically manipulated viruses and it is very difficult to estimate the long-term consequences.

Harald Wiesendanger has compiled all 12 articles of his solidly researched series into a PDF book, which we can now offer you in our shop at www.sabinehinz.de.

There is still much to tell in these absurd times. E.g. about the big demos "Black Lives Matter", where thousands of people took part without a safety margin, while the number of participants in demos is strictly limited for the preservation of the basic rights, which shows the flimsiness of the Corona measures and leads all "oh so important" Corona rules ad absurdum.

Please also read the letter to the editor on page 2 below - and write us your opinion about it: Dispatch in colour or would you prefer it the way it was?

One more remark: The reading of our main article today requires knowledge of the 5 biological laws of nature by Dr. Hamer. If these are new to you, please read our basic article in the blog at kentde-pesche.de. Please also note the seminars of our author Armin Marx in the box on the left.

Last but not least: I was especially pleased to receive a letter from our reader Gernot (page 7), who, in my opinion, wrote three wonderfully true, ingenious and refreshing poems about the current situation: page 8. Have fun - and all the best! Michael

Speechless (Corona)

I'm speechless. What's going on here?

Madness's bounty

...there's just too many people. Masked men, masked women looking out of frightened eyes.

Don't touch, keep your distance, let the madness run wild. Closeness makes us stare, yet we still stick together?

Everybody stays at home, and propaganda is taken to task. They keep very quiet and well-behaved, the human being becomes a sheep.

We didn't want to learn anything,

we should experience dictatorship?

A great plan is in the making here, enslave the people here on earth.

There will be no return to normality, already too late. Freedom or tyranny,

...which of these would you prefer?

Running with the herd of sheep, knocking off your brains, sleeping around? What a nerve experimenting,

to see how we parry?

On TV, talking nonstop, wafting over all the nations

a ghost escaped from the bottle, a virus called Corona.

Because of a little sniffle we all have to honk now,

put us in quarantine,

or there will be punishments, beatings, reprimands.

And now you have to wear a mask, otherwise you can't buy food. You must obey orders unconditionally or you're finished.

Opposition is blatantly censored, oppression is guaranteed. So everyone wears a sheep conform uniform in front of the visage.

All this in one go -

it smells strongly like a coup d'état! Where do you think the journey will lead? What lies ahead?

What will happen to us all? I don't know, we'll see I'm speechless in the world When will our brains fall from the sky?

The German Michel is asleep

The moon's pale sickle shines on the German Michel. The German Michel is asleep.

What a clear starry night The moon in the sky is awake. The German Michel is asleep.

He sees neither pain nor sorrow, he is in a deep slumber. The German Michel is asleep.

The media illusory world That is what counts for him. The German Michel is asleep.

The world is at the abyss. Madness is manifested. Michel is asleep.

Satanic desires expose her breasts. The German Michel is asleep.

The dictator Trotting is making us gasp for breath. The German Michel is asleep.

Oh Michel, o wake up! Get out of bed and make the world change. Go ahead and change!

Do not let it be on earth that we become slaves. Betrayed and deceived by madness's high waves.

Remember the strengths That once with deeds and works of the poet and the thinker You were a world leader.

Look up to the blue of the sky Recognize this very clearly: The power in your hands may change our fate.

The rich, sweet scent of spring is in the air everywhere. Do we complain, do we moan You've got to do your part

We'll keep on snoozing, we'll keep on groaning, we'll keep on groaning

To give yourself time to multiply? When are we going to fight back?

Still the moon's sickle still stands Still the German Michel sleeps. In familiar grave rest'

He sleeps blissfully ever after.

The day will come when we, first dazed, will awaken to reality and see the signs of the times.

The moon, as once it woke in the sky I bid you all good night German Michel is asleep.

He sleeps gently in his yoke The question is: how long?

Ostrich

I. How to do it

And does he also bury his head nimbly in the sand, the ostrich,

...so look, oh, dear, at the other end of the ass up in the air!

II: Why the ostrich tactic no longer works and what to do instead.

And these your asses can soon be yours, when dictatorship on dark march with boots kicks to your door.

Even though there are more and more signs that Big Brother is creeping - you are supposed to defend yourself against the beginnings - your heart and brain have been wasted.

With a bald face, unvarnished, the police state soon shows that it stinks loudly to heaven! Even criticism is a crime.

Surveillance everywhere, freedom becomes an expensive commodity. War and arbitrariness exuberant - doesn't that make you angry?

Your data is stored, controlled at all times. How Big Brother gets rich, are you ready to become a slave?

With salami tactics, crawling, the noose is tightened around your neck, leaving you in iron chains, escaping freedom.

Man, know your greatness, get up from your knees! Kick the tyrant in the mesentery! "The possibilities are endless

It doesn't take heroics It takes love and brains "That's why I'd like to advise you to pick up your heart and your brain

This is the time of times when the new man awakens, when we all walk together, all dark power is over!

Realize who you really are! Let the wisdom of the heart run its course! Let the wickedness of your wickedness wither away! Just get up from your knees

The third transformation

Lift up your head and be praised, spread your wings.

Fly to freedom as commanded, O man who was once an ostrich!

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lung symptoms with Covid-19 - and the consequences of the guidelines treatment from the point of view of the 5 biological laws of nature

Particularly worrying in connection with Covid-19 are the severe to fatal lung symptoms. However, if one knows the five biological laws of nature (5bN) of Dr. med. R.G. Hamer, these symptoms lose their horror. At the same time, however, one recognizes that Corona is a self-fulfilling prophecy, because the fear for health or death triggers lung symptoms. Armin Marx, a connoisseur of 5bN, explains the background - which is especially important in connection with the conjured "second world". For it is not at all "evil viruses", but territorial, fear and fright conflicts through panic-mongering and lockdown measures that cause new lung symptoms. A vicious circle. But even worse: according to the findings of 5bN, artificial respiration and isolation - at home, but above all in intensive care units - significantly promote the fatal progression of disease. Knowing the connections can therefore not only save lives, but also help to slow down a "second wave" in advance. mk

The courses of disease associated with the coronavirus "SARS-CoV-2" are unspecific, diverse and vary greatly. In addition to predominantly symptomless infections, mild to moderate courses have been observed, occasionally also swelling pneumonia, which has sometimes led to lung failure and death.

All in all, we have a complete confusion of symptoms that are supposed to be caused by a single virus. What one would expect from such small molecular compounds is grandiose - as well as the approach at which we should begin to question the matter.

Today I would like to explain how pneumonia (pneumonia) develops from the point of view of the five biological laws of nature (5bN), where the coronavirus comes into play and why the symptoms of pneumonia in particular often get out of control in the isolation wards of hospitals.

A proverb of the biologist and physicist Dr. Ulrich Warn-ke, which I like to quote, says: "Evolution is the result of an intelligent and purposeful system, in which nothing is created by chance!"

Just as nothing is the result of chance, there is nothing accidentally evil in nature. The idea of "evil nature" was born

hem is an ideological concept based on fear - not least a marketing concept - in which nobody is interested in anyone losing their fear.

On closer inspection it is obvious that the idea of evil nature cannot be right, because otherwise our life would not function. All life on our planet is a perfect balance, which is based on symbiosis and in which only man thinks he has to intervene again and again.

If a predator eats a zebra, it does so in order to survive. But it will never eat all zebras, because otherwise it would rob itself of its basis of life. Everything remains in a biological balance, so to speak.

On a similar basis, humans live in symbiosis with microbes. In our body there are more microbes (bacteria, viruses, etc.) than body cells - at present science assumes several trillions of body cells, about 100 trillions of bacteria and a hundred times as many viruses - in one single human body.¹ If these microbes wanted to harm us, we would have been extinct evolutionarily long ago. The microbes would have got rid of their basis of life and would have died along with humans.

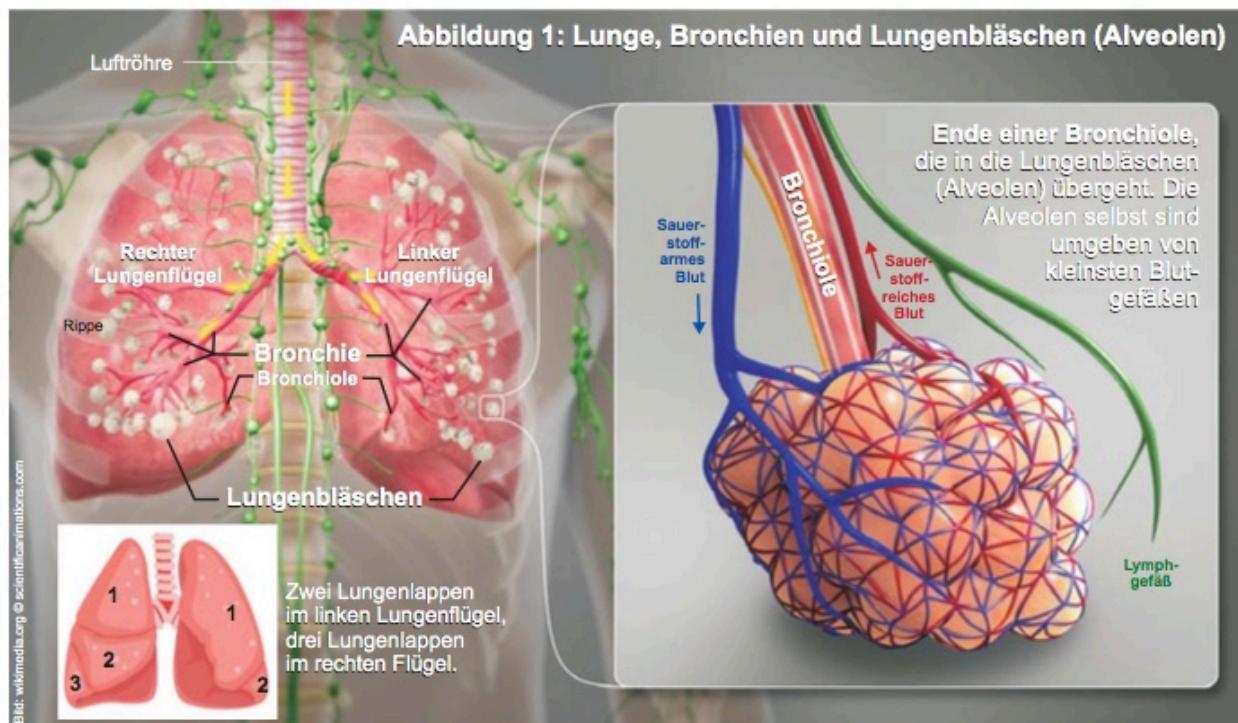
Today's science sees viruses as primeval forms of life, which were there before bacteria in evolution. All more highly developed species are based on the existence of microbes - they live on us and we live on them. If we humans don't have microbes in our bodies, we wouldn't be able to digest our food, so we'd starve to death! This speaks for the fact that microbes in the symbiosis "know" exactly what they are allowed to do and what not.

In this context we should think about whether evolution wanted that some living being has to walk around with mouthguards and gloves, while all other biological living beings do not do that and do not die of a virus. It is probably more likely that these other creatures do not read the newspaper.

I think our virologists can't see the forest for the buildings. While they are researching viruses, vesicles*, DNA* and RNA* under the electron microscope, they have never seen a virus do anything bad to a cell. This is a pure hypothesis. So-called viruses are cell components without any change of substance of their own and can, so to speak don't eat anybody! All the main thing has never been observed as a process.

But after this short introduction we now come to the main topic, the lung symptoms observed in connection with Covid-19.

First of all, we distinguish between unilateral and bilateral pneumonia (we will come back to this later). Furthermore, one differentiates between bacterially and virally triggered pneumonia. The bacterially triggered pneumonia (about 90 percent of cases) is discussed in Dispatch 04+05/2018 (Infection). The differentiation between so-called "typical" and "atypical" pneumonia is largely due to the "bacterial" or "viral" factor, i.e. while bacterial pneumonia is considered to be the typical, viral pneumonia as well as pneumonia caused by fungi and intracellular* bacteria is considered to be atypical.



5 biologische Naturgesetze (5bN)

Die 5 biologischen Naturgesetze (5bN) sind ein ganzheitliches naturwissenschaftliches System, das uns die Ursache, die Entstehung und den Verlauf von psychischen, neurologischen und körperlichen Veränderungen erklärt. Diese Veränderungen werden von uns Menschen, wenn sie sich über einen unbiosiglich langen Zeitraum hinaus fortsetzen, „Krankheit“ genannt.

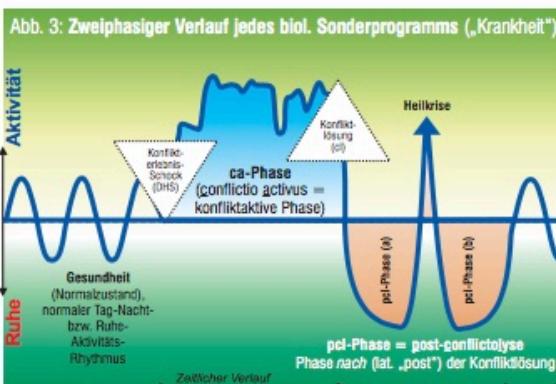
1. Gesetz: Jede körperliche Symptomatik wird durch einen „biologischen Konfliktlebnisschock“ aktiviert (nach Dr. Hamers Sohn Dirk, DHS benannt, Dirk-Hamer-Syndrom). Dieser Schock gründet sich auf den Werten, die das Individuum im Laufe seiner Menschwerdung und seines eigenen Lebens durch Erfahrungen, Weltbild, kurzfristige Konditionierungen usw. gebildet hat. Nach diesen Werten wird eine Situation individuell bewertet und ggf. als Schock erlebt. Der Konfliktverlauf vollzieht sich synchron in Psyche, Gehirn und Organ!

2. Gesetz: Die Symptome im und am Körper verlaufen im Normalfall in zwei Phasen (Zweiphasigkeit). Begonnen vom biologischen Konfliktshock, der eine konfliktative (ca) Phase auslöst und über eine mögliche Konfliktlösung (cl) hin zur Regenerations- und Heilungsphase (pcl) führt. Die Regenerationsphase wird von einer Heilkrise unterbrochen. Der ganze Vorgang nennt sich „Sinnvolles Biologisches Sonderprogramm“ (SBS). Falls es zu keinen Konfliktwiederholungen kommt, geht der Körper nach Ablauf der zwei Phasen in die Normalität über und ist sozusagen wieder „gesund“.

3. Gesetz: Einzelne Gewebe reagieren im Konfliktfall unterschiedlich. Ein Teil der Gewebe (z.B. Drüsengewebe) reagiert im Konfliktfall mit Zellvermehrung (Gewebeaufbau/Tumorwachstum); in der Regenerationsphase wird das überschüssig gebildete Gewebe wieder (entzündlich) abgebaut. Ein zweiter Teil (z.B. Bindegewebe) reagiert mit Zelltumgang; in der Regenerationsphase wird das Gewebe wieder (überschießend) aufgebaut! Die Regenerationsprozesse finden meist unter Entzündlichkeit und Schmerzen statt. Schmerzen treten also zumeist in der Regenerationsphase auf.

4. Gesetz: Heilungshelfer sind, man höre und staune: Mikroben! Sie treten immer nur in der zweiten Phase, der Regeneration und Heilung auf. Im Drüsengewebe entstandene Tumore werden durch Bakterien und Pilze abgebaut und im Bindegewebe entstandener Gewebeverlust wird in der Regenerationsphase wieder aufgebaut. Unfertige Molekular- und Aminosäureverbindungen werden in dieser Phase, also wenn sich Zellen neu bilden, als „ansteckende Viren“ bezeichnet, tatsächlich haben diese allerdings nichts Böses an sich und sind auch – ganz generell – nicht ansteckend!

5. Gesetz: Alle beschriebenen Abläufe weisen, archaisch betrachtet, einen biologischen Sinn auf. Oft ist dieser biologische Sinn für moderne Menschen schwer zu verstehen, weil er sich häufig nicht mehr mit unserer „modernen“ Lebensweise deckt. Wenn wir uns aber näher mit der Sinnhaftigkeit beschäftigen, werden wir erkennen, dass alle günstigen biologischen Sonderprogramme (SBS) das Überleben des Individuums oder der Spezies zum Grundinhalt haben. Die 5bN sind also sozusagen ein Anpassungssystem, das es jedem Lebewesen ermöglicht, sich an gegebene Umweltbedingungen anzupassen und somit, evolutionär gesehen, den Fortbestand seiner Spezies zu sichern.



Some facts about the lungs

The exchange of oxygen takes place in the lungs. The air passes through the windpipe, bronchi and bronchioles to the alveoli* (Fig. 1) and from there into the blood. Within the pulmonary alveoli, oxygen (O_2) is absorbed into the blood and carbon dioxide (CO_2) is released from the blood. We have two lobes of the lung, of which the right one has three and the left one two lobes (fig. 1).

The trachea and bronchi are tubes of cartilage and muscle, respectively, which are lined with ectodermal* or malignant* squamous epithelium*. The bronchial squamous epithelium reacts conflictually to a "turf scare conflict" and causes a bronchial cough.

In the mucous membrane of the trachea and the bronchi ento- dermal*, mucus-producing cells, so-called beaker cells*, are embedded. Their function is to moisten the airways and to support the cleaning of the airways.

The 300 to 400 million lung vesicles are the smallest unit within the lungs and form a breathing surface of approx. 300 - 400 square meters. They have developed historically from the fore intestine. During the process of oxygen exchange one can speak of the "digestion of air" or the "air broth" in a certain

sense. Finest blood vessels surround the pulmonary alveoli so that the O₂-CO₂- exchange can take place. If there is an active conflict within the pulmonary alveoli, we speak of a "(air) chunk" conflict.

Let us take a closer look at the possible conflicts - (1) concerning the bronchial tubes, (2) the goblet cells and (3) the alveoli - according to the knowledge of the five biological laws of nature (5bN), and let us start with the symptomatology that can also appear in particularly severe cases of Covid-19, the viral pneumonia.

1. the bronchial and tracheal mucosa

If bronchitis (cough) is present, we speak within the five biological laws of nature (5bN) of the consequence of a territorial fear conflict. Here, several additional factors play a role, such as poor handiness (left- or right-handed), hormone levels (pill, menopause) and existing pre-conflicts. Without being influenced by these factors, bronchitis is generally the result of a territorial fear conflict in right-handed men and a fear conflict in left-handed women.

Abbildung 2: Die Gewebe, die aus dem entwicklungsgeschichtlich ältesten Keimblatt* Entoderm entstanden sind (innere Organe, Drüsen), werden vom Stammhirn gesteuert und regulieren stammhirngesteuert durch Pilze die Vorgänge der Heilungsphase. Gewebe, die aus dem mittleren Keimblatt Mesoderm entstanden sind (Muskeln, Knochen, Bindegewebe), werden von Kleinhirn bzw. Marklager gesteuert – dasselbe reguliert in der Heilungsphase Bakterien und Mykobakterien (Pilzbakterien). Die vom Großhirn gesteuerten Gewebe des Ektoderms (Haut, Nerven, Sinnesorgane) bedienen sich in der Heilungsphase der Tätigkeit von Viren als Heilungshelfer.

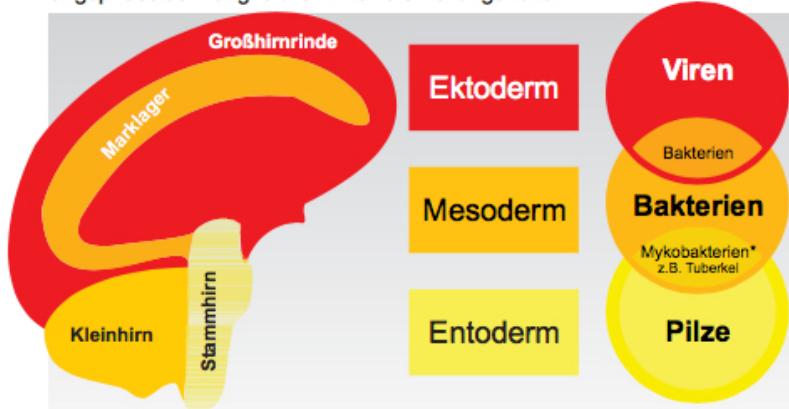


Figure 2: The tissues that have developed from the oldest cotyledon* entoderm (internal organs, glands) are controlled by the brain stem and regulate the healing process by fungi controlled by the brain stem. Tissues that originated from the middle cotyledon mesoderm (muscles, bones, connective tissue) are controlled by the cerebellum or medullary deposits - the same regulates bacteria and mycobacteria (fungal bacteria) in the healing phase. The tissue of the ectoderm (skin, nerves, sensory organs) controlled by the cerebrum uses the activity of viruses as healing aids during the healing phase.

5 biologische Naturgesetze (5bN)

Die 5 biologischen Naturgesetze (5bN) sind ein ganzheitliches naturwissenschaftliches System, das uns die Ursache, die Entstehung und den Verlauf von psychischen, neurologischen und körperlichen Veränderungen erklärt. Diese Veränderungen werden von uns Menschen, wenn sie sich über einen unbiologisch langen Zeitraum hinaus fortsetzen, „Krankheit“ genannt.

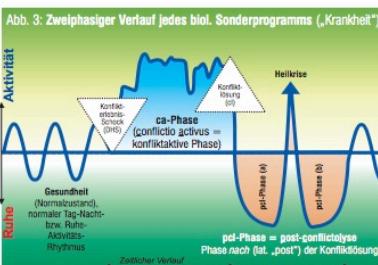
1. Gesetz: Jede körperliche Symptomatik wird durch einen „biologischen Konfliktlebensschok“ aktiviert (nach Dr. Hamers Sohn Dirk DHS benannt, Dirk-Hamer-Syndrom). Dieser Schok gründet sich auf die Werte, die im Lebensraum im Laufe der Menschwerbung und im eigenen Leben durch Erfahrungen, Weltbild, kurzfristige Konditionierungen usw. gebildet hat. Nach diesen Werten wird eine Situation individuell bewertet und ggf. als Schok erlebt. Der Konfliktverlauf vollzieht sich synchron in Psyche, Gehirn und Organ!

2. Gesetz: Die Symptome im und am Körper verlaufen im Normalfall in zwei Phasen (Zweiphasigkeit). Begonnen vom biologischen Konfliktshock, der eine konfliktive (ca) Phase auslöst und über eine mögliche Konfliktlösung (cl) hin zur Regenerations- und Heilungsphase (pcl) führt. Die Regenerationsphase wird von einer Heilkrisis unterbrochen. Der ganze Vorgang nennt sich „Sinnvolles Biologisches Sonderprogramm“ (SBS). Falls es zu kleinen Konfliktwiederholungen kommt, geht der Körper nach Ablauf der zwei Phasen in die Normalität über und ist sozusagen wieder „rein“.

3. Gesetz: Einige Gewebe reagieren im Konfliktfall unterschiedlich. Ein Teil der Gewebe (z.B. Darmgewebe) reagiert im Konfliktfall mit Zellvermehrung (Gewebeaufbau/Tumorgrowth); in der Regenerationsphase wird das überschüssig gebildete Gewebe wieder (entzündlich) abgebaut. Ein zweiter Teil (z.B. Bindegewebe) reagiert mit Zelltuntergang; in der Regenerationsphase wird das Gewebe wieder (überschüssig) aufgebaut! Die Regenerationsprozesse finden meist unter Entzündlichkeit und Schmerzen statt. Schmerzen treten also zumeist in der Regenerationsphase auf.

4. Gesetz: Heilungshelfer sind, man höre und staune: Mikroben! Sie treten immer nur in der zweiten Phase, der Regeneration und Heilung auf. Im Dru-sengewebe (z.B. Tumorgewebe) wird durch Bakterien und Pilze abgebaut und im Bindegewebe entstehender Gewebeverlust wird in der Regenerationsphase wieder aufgebaut. Unfertige Molekular- und Aminosäureverbindungen werden in dieser Phase, also wenn sich Zellen neu bilden, als „ansteckende Viren“ bezeichnet, tatsächlich haben diese allerdings nichts Böses an sich und sind auch – ganz generell – nicht ansteckend!

5. Gesetz: Alle beschriebenen Abläufe weisen, archaisch betrachtet, einen biologischen Sinn auf. Oft ist dieser biologische Sinn für moderne Menschen schwer zu verstehen, weil er sich häufig nicht mehr mit unserer „modernen“ Lebensweise deckt. Wenn wir uns aber nicht mit der Sinnhaftigkeit beschäftigen, werden wir erkennen, dass es „grundsätzliche biologische Sonderprogramme“ (SBS) das Überleben des Individuums oder der Spezies zum Ziel haben. Die 5bN sind also sozusagen ein Anpassungssystem, das es jedem Lebewesen ermöglicht, sich an gegebene Umweltbedingungen anzupassen und somit, evolutionär gesehen, den Fortbestand seiner Spezies zu sichern.



5 biological laws of nature (5bN)

The 5 biological laws of nature (5bN) are a holistic scientific system that explains the cause, the development and the course of mental, neurological and physical changes. These changes are called "illness" by us humans, if they continue beyond an unbiological long period of time.

1st law: Every physical symptomatology is activated by a "biological conflict experience shock" (named after Dr. Hamers son Dirk, DHS, Dirk-Hamer-Syndrome). This shock is based on the values which the individual has formed in the course of his incarnation and his own life through experiences, world view, short-term conditioning etc. According to these values a situation is individually evaluated and possibly experienced as shock. The course of conflict happens synchronously in psyche, brain and organ!

2nd law: The symptoms in and on the body normally run in two phases (two-phases). Beginning with the biological conflict shock, which triggers a conflict-active (ca) phase and leads through a possible conflict resolution (cl) to the regeneration and healing phase (pcl). The regeneration phase is interrupted by a healing crisis. The whole process is called "Sensible Biological Special Programme" (SBS). If there are no repetitions of conflicts, the body goes back to normality after the two phases and is "healthy" again, so to speak.

3rd law: Individual tissues react differently in case of conflict. Some of the tissues (e.g. glandular tissue) react in case of conflict with cell proliferation (tissue formation/tumour growth); in the regeneration phase the excess tissue is decomposed (inflammatory). A second part (e.g. connective tissue) reacts with cell death; in the regeneration phase the tissue is rebuilt (excess)! The regeneration processes usually take place under inflammation and pain. Pain therefore mostly occurs in the regeneration phase.

4th law: Healing helpers are, listen and be amazed: microbes! They only appear in the second phase, the regeneration and healing. Tumours that have developed in the glandular tissue are decomposed by bacteria and fungi and tissue loss in the connective tissue is rebuilt in the regeneration phase. Unfinished molecular and amino acid compounds are called "infectious viruses" in this phase, i.e. when cells are newly formed. In fact, however, they have nothing evil about them and are also - in general - not infectious!

5th law: All described processes have, archaically seen, a biological sense. Often this biological sense is difficult to understand for modern people, because it often does not correspond to our "modern" way of life. But if we take a closer look at the meaning, we will see that all meaningful biological special programs (SBS) have the survival of the individual or the species as their basic content. The 5bN are thus, so to speak, an adaptation system that enables every living being to adapt to given environmental conditions and thus, from an evolutionary point of view, to ensure the survival of its species.

*Vesicles: small spherical cell structures which are formed when needed, pack building blocks (proteins, secretions, RNA) into a blue (membrane) and transport them inside the cell, into the cell or out of the cell. Vesicles are also used for communication between cells (lat. vesicula: vesicles).

*DNA/RNA: The material carrier of hereditary good (genes). DNA is the storage form of the genetic material in the cell nucleus, RNA is the copy of the DNA which leaves the cell nucleus and apart from that is responsible for the construction, modification and decomposition of proteins. However, there are exceptions to the above, and viruses can contain both DNA and RNA.

*Intracellular bacteria: Bacteria that live inside cells, unlike most others.

*Cotyledon, endo-, meso- and ectoderm: In the early embryonic stage, three cotyledons form. They are called that because all later tissues and organs of the body mature from them. They are original cells (stem cells) from which all others develop. The inner cotyledon, the entoderm (Greek endon: inside) is the origin of all organs that surround the intestine (intestines). The middle cotyledon, mesoderm (Greek: mesos: middle), contains among others the tissue of the locomotor system (bones, muscles). From the outer cotyledon, the ectoderm (ecto: outside) develop surface structures (skin, mucous membranes), parts of the teeth (enamel), essential parts of the sensory organs and the nervous system.

*Plate epithelium: Epithelial tissues are cover or border tissues which line the inner and outer surfaces of the body. They can be single- or multi-layered, cornified or soft. The term plate epithelium is used if the uppermost cell layer consists of flat cells which are connected to each other and therefore are particularly stable.

*Mycobacteria, also called "fungal bacteria": special genus of bacteria.

*Goblet cells: unicellular, cup-shaped glands in covering tissues, which secrete mucus predominantly as secretion.

What do we mean by "territory"? In the animal kingdom, it's a clear thing. Applied to humans, it means a spatial or ideal area for which one is responsible or for which one feels constantly involved. This can be house and home, a room (workshop, kitchen, children's room), but also a person (nursing case, children), a task area, an ideal area (profession, work, voluntary work, hobbies, passion for collecting or even one's own health). For me, for example, the "new medicine" is my territory.

That for older people health - as such - is often their territory, you can see wonderfully, when older people behave in public. It's either the weather or - almost always - health!

The turf fear conflict is the male active reaction to a threat to the turf and includes the feeling that you are afraid of losing your turf. The female passive reaction is the fear of fear and speechlessness. It refers more to the feeling that one sees one's role threatened within the territory.

Tissue-wise we are in the germ of the ectoderm. In the conflict-active phase (ca- phase, fig. 3) cell degradation (ulcer*) takes place at the bronchial mucosa. This can take place at the trachea, but also only in a small area of the bronchi or bronchioles. Normally, patients do not have any symptoms or pain during this phase. However, in the case of prolonged conflict activity, this cell breakdown can also be diagnosed and is referred to in orthodox medicine as "ulcerative* bronchial carcinoma".

*Ulcera (plural, singular = ulcer): ulcers (substance breakdown, locally limited) in mucous membranes or on the skin (lat, ul- cus: ulcer, Greek hélkos: wound).

In the conflict-resolved regeneration phase (pcl, Fig. 3), an inflammatory reconstruction of the damaged tissue takes place at the affected sites of the tracheal or bronchial mucosa. This leads to inflammatory bronchitis, possibly to pneumonia and in extreme cases (long duration, severe conflict) to bronchial carcinoma (cancer). The symptoms we then feel are of course coughing and even cough cramps, as the bronchi are muscle tubes and the muscular parts of the windpipe often react as well.

With regard to the muscular parts of the windpipe and bronchial tubes, it should be mentioned that these also react when a so-called "motor conflict"** is added to the territorial fear conflict. If an opponent threatens the territory, if (only) the bronchial mucosa reacts, but if the opponent has already entered the territory and nothing could be done against it (motor conflict), the muscular parts react, too. That both special programs react together is not seldom the case and leads to conditions of a "spastic bronchitis" or to the so-called "bronchial asthma".

If during the inflammatory processes of the pcl-phase there is an additional conflict of refugee, existence or solitary confinement, which causes water infiltration due to the conflict, this leads to a situation where water infiltration can cut off whole sections of the lungs from breathing, which leads to great problems! Later, in connection with Covid-19, some more detailed explanations.

The biological sense of the re-four-fear-conflict lies in the conflict-active phase, in which the cross-section of the bronchial tubes increases due to the cell decomposition, whereby more air can be generated and the territory can be defended more effectively (fighting, roaring, barking).

Example: In a family with two right-handed children (boys) the grandpa is visiting over the weekend. He doesn't know what to do with himself and sits around all day in the kitchen where the children usually play. The kitchen is so to speak their territory. The grandfather constantly nagged the children and often told them to go somewhere else to play. Both boys suffer a turf dispute. When the grandfather leaves, both children get a mild bronchitis.

2. goblet cells (secretion)

If there is a strong mucus in the bronchial tubes, there is probably an increased activity of the goblet cells, which is caused by a conflict of fear of suffocation. In case of long conflict activity this can also lead to a goblet cell tumor. In case of constantly recurring* conflicts, the mucus-producing cells can also suffer permanent damage due to scarring and lose their function, which can lead to cystic fibrosis*.

Fear of suffocation can be present if one does not get enough air or is afraid of it.

*Motor conflict: A conflict that affects the ability to move. Not being able to get ahead, neither knowing in nor out, not being able to go anywhere, etc.

*Recurrence: recurring at intervals (of diseases, symptoms, conflicts).

*Cystic fibrosis: a metabolic disease in which bodily fluids such as spittle, bronchial mucus or abdominal spittle are much tougher than usual. Consequences are among others respiratory problems and digestive disorders (lat. mu- cus: mucus, and viscidus: tough, sticky).

Biologische Konflikte der Existenzangst und des Mutterseelenalleingelassen-seins, wie sie im Zusammenhang mit der Covid-19-Krise naturgemäß und insbesondere auf Intensivstationen auftreten – Isolation, strikte Besuchsverbote, d.h. keine Besuche jeder Art – führen nach den fünf biologischen Naturgesetzen zwingend zu einer Verschärfung jeder bestehenden Symptomatik. Bei Lungengründen kommt es dann z.B. zu einer Wassereinlagerung in der Lunge, welche ganze Lungenbereiche von der Atmung abschneiden kann.



According to the five biological laws of nature, biological conflicts of existential fear and being left alone, as they occur naturally and especially in intensive care units in connection with the Covid 19 crisis - isolation, strict prohibition of visits, i.e. no visits of any kind - lead to an aggravation of all existing symptoms. In case of lung problems, for example, a water retention in the lung occurs which can cut off whole lung areas from breathing.

This can be caused by shortness of breath (possibly asthma), foreign bodies in the respiratory tract, intubation*, intoxication*, smoke, persistent air pollution and heavy smog, but also by an umbilical cord around the neck when a baby is born.

The affected brain area is the brain stem, the cotyledon is the endoderm (Fig. 2).

In the ca- phase the function of the goblet cells increases. This causes increased mucus formation within the lungs. If the conflict activity is prolonged, glandular cell proliferation (so-called goblet cell adenocarcinoma*) may occur. In the pcl-phase the mucus formation normalizes again and the increased mucus is coughed up. Possibly built up goblet cell proliferation is decomposed in a mechanical way. The coughing up mucus is purulent. Fever, night sweat and bad breath may accompany the situation.

This special program is often indistinguishable from normal bronchitis, as mucus is also formed there. Distinguishing features are fungal bacteria in purulent sputum and night sweat. This biological special programme also explains in a logical way why asthmatics who are regularly afraid of suffocating are often extremely slimy.

The biological sense of the SBS is on the one hand that by moistening the airways the breath can be better, one could also say "more relaxed", absorbed. On the other hand, foreign bodies and dirt particles (dust, soot, smoke particles, etc.) that have entered the respiratory tract can be better transported to the outside.

Es gibt verschiedene Methoden der künstlichen Beatmung. Bei der sog. endotrachealen Beatmung (gr. endo: „in ... hinein“ und trachea: Lufttröhre) wird ein Plastikschlauch, zumeist über den Mund, direkt in die Lufttröhre eingeführt. Es besteht dabei die Gefahr einer Kehlkopf- und/oder Lufttröhrenverletzung. In jedem Fall aber reagiert der Körper auf das Einbringen eines Fremdkörpers mit der erhöhten Produktion von Schleim (ein unwillkürlich erfolgender Versuch des Körpers, das fremde Objekt loszuwerden).



There are various methods of artificial respiration. In so-called en-dotracheal ventilation (Greek endo: "into ... inside" and trachea: windpipe) a plastic tube is inserted directly into the windpipe, usually via the mouth. There is the danger of a larynx and/or tracheal injury. In any case, the body reacts to the insertion of a foreign body with an increased production of mucus (an involuntary attempt of the body to get rid of the foreign object).

Example: A student diver is on a dive with his instructor. In a wreck, which lies at a depth of 30 meters, the student has a defect on his breathing hose and cannot breathe. It is not possible to ascend quickly, because this would be his certain death. Until the instructor notices this and returns to his student to let him breathe through his hose, about 30 customers pass by, in which the student suffers a suffocation anxiety conflict. According to his own statements he is certainly conflicting with the situation until he arrives at the harbour (after approx. 2 hours), because he has to think about the fearful situation again and again. When he later goes to sleep exhausted (conflict resolution), he wakes up after approx. 3 hours because of a strongly productive cough.

*Intubation: insertion of a tube into the trachea, through which a patient is artificially ventilated, e.g. during operations under general anaesthesia, in intensive care and rescue medicine (lat. tubus: tube).

*Intoxication: Poisoning, exposure to harmful substances of chemical or biological nature.

*Adeno-carcinoma: tumour originating from the glandular tissue in the epithelium (cell proliferation). Adeno-carcinomas occur mainly in the area of the digestive organs, lung, kidney and genital organs (Greek aden: gland).

*Round lung cancer: round, spherical cancer, which is caused by the unbiologically proliferation of pulmonary alveoli as a result of an ongoing anxiety conflict. Tuberculosis is the natural healing phase of the round lung cancer.



Früher erlitten Menschen Todesangst, wenn sie wilden Tieren begegneten, alleine in der Wildnis in einem Schneesturm gerieten, sich den Widrigkeiten der Natur stellen oder in einen Krieg ziehen mussten. Diese Todesangstkonflikte dauerten naturgemäß nicht lange an. Ganz anders ist das, wenn den modernen Zivilisationsmenschen der Diagnoseschock beispielsweise einer Krebserkrankung ereilt – oder er permanenter Anti-Raucher-Propaganda ausgesetzt ist („auch Passivrauchen ist lebensgefährlich“ usw.), die ihm Todesangst bereitet. In solchen Fällen kann sich die Todesangst über Monate und Jahre hinziehen – und auf diese Weise Lungenkrebs erzeugen.

In the past, people suffered mortal fear when they encountered wild animals, were caught in a blizzard alone in the wilderness, faced the adversities of nature or had to go to war. Naturally, these fear of death conflicts did not last long. The situation is completely different when modern civilized people are shocked by the diagnosis of cancer, for example, or when they are exposed to permanent anti-smoking propaganda ("passive smoking is also life-threatening" etc.), which causes them mortal fear. In such cases the fear of death can last for months and years - and thus cause lung cancer.

3. pulmonary alveoli (alveoli)

The pulmonary alveoli, where the exchange of oxygen into the blood takes place inside the lungs, react to a fear of death conflict. This is also a so-called "lump conflict" in which we are unable to absorb (metabolise) the "lump of air" and are therefore in danger of death. Oxygen is

the medium that leads to death fastest in case of lack of oxygen, which is why the special program of fear of death is started exactly at these alveoli. If it runs for a longer time, this can lead to lung cancer*.

The affected brain area is again the brain stem, the cotyledon the endoderm.

In the ca phase, functional stabilization takes place at the alveoli. If this programme is continued for a longer period of time, the growth of pulmonary alveoli* occurs, which can affect both the absorption of oxygen and the release of CO₂. These processes are usually without symptoms.

In the pcl phase, the affected lung areas lose function due to the storage of fluid during healing, which can lead to shortness of breath. Built-up tissue is usually degraded by tuberculosis. This is called pneumonia, pulmonary tuberculosis or a pulmonary abscess*. If no tubercle is present (e.g. due to long-term eradication by antibiotics), it is possible that the tumour encapsulates itself and calcifies or fibrosids*. Also a self-dissolution (autolysis) is possible depending on the external circumstances. In this case the degradation process takes place at The affected brain area is again the brain stem, the cotyledon the endoderm.

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is called pneumonia, pulmonary tuberculosis or a pulmonary abscess*. If no tubercle is present (e.g. due to long-term eradication by antibiotics), it is possible that the tumour encapsulates itself and calcifies or fibroses*. Also a self-dissolution (autolysis) is possible depending on the external circumstances. In this case the tumour is decomposed without inflammation and bacteria. Possible symptoms are cough (also bloody), fever, strong night sweat and bad breath.

The biological purpose of the probe program is first of all to improve the exchange of oxygen within the pulmonary alveoli, which increases the chances of survival in the event of air deficiency. In case of cell growth, more oxygen can of course be absorbed.

Fear of death will not last long in animals in the wild. An animal that flees from a predator (antelope from pard) will soon be either safe again or dead. That is why there is hardly any lung cancer in the wild. The human being, who does not have to fear any other living being because of his living conditions, nevertheless manages to live in fear of death for weeks and months because of medical diagnosis and prognosis shocks.

Lung cancer is the most common secondary cancer (30 percent of all cases) of preceding cancers, which are often associated with fear of death. If we consider that, according to the knowledge of 5bN, a cancer disease is not a terminal disease at all, but could be treated as a curable disease like any other, I do not want to think about how many people were unnecessarily driven to death by conventional medical diagnoses.

Pneumonia or tuberculosis is not a harmless thing, because the lung tissue in the affected area temporarily loses stability and therefore no physical exertion should take place. Rest is indicated as long as night sweat occurs. Often caverns (tissue cavities) remain in the lung tissue as a residual condition. Constantly recurring conflicts can lead to conditions known as "pulmonary emphysema"** or "sarcoidosis"**.

*Lung abscess: accumulation of pus in the lungs (lat. abscedere: to deposit).

**Fibrosis: proliferation of the connective tissue whose main component is collagen fibres. The tissue of the affected organ is hardened ("fibred"). Scarring changes develop which lead to a restriction of the organ function in an advanced stage (Latin fibra: fibre).

**Pulmonary emphysema, also known as "pulmonary flatulence": chronic over-inflation of the alveoli, which subsequently expand. The exchange of oxygen is disturbed, resulting in shortness of breath and a general undersupply of oxygen (Greek emphysema: the "blown in").

**Lung sarcoidosis (Boeck's disease): inflammatory disease, mainly of the connective tissue in the lung with nodular new formations. The patients suffer from chronic irritable cough and breathing difficulties (Greek sarkoeides: fleshy, fleshy).

An interesting fact is also the new medical knowledge that in mortal fear conflicts about one's own person there are multiple lung rounds and in mortal fear conflicts in which one is concerned about other living beings, there is usually only one lung round. The same pattern also applies to unilateral or bilateral pneumonia.

Example: Two years ago, I met the wife of an ex-colleague in hospital and saw her dragging herself up the stairs with difficulty. I asked her where she was going and why she was walking up the stairs so laboriously. She told me that she was visiting her husband who had just had foot surgery (removal of

two toes). He was retired from the service because of diabetes. She explained to me that he was not following any doctor's instructions at all and that she was afraid for him.

When she explained to me that she had been diagnosed with lung cancer and had already undergone five chemotherapy sessions, I tried to explain to her in a short conversation why I thought she had lung cancer. I also asked her whether she had one or multiple lung foci. She confirmed that she only had one lung mass. I visited her again a few days later to explain my knowledge to her. But once again the saying came true that you cannot teach a drowning person to swim. A few weeks later she died after her sixth chemo.

Covid-19

Almost all medical scientists, virologists and other experts have one thing in common, whether they are true to the guidelines or so-called "trivialisers": They all believe deeply and firmly in the pathogenicity of viruses.

There are thousands of studies concerning the transmission and spreading of viruses, science is researching on cells, DNA etc., but has lost sight of what I mentioned at the beginning (there is no evil nature), so it can no longer see the forest (nature, evolution) for the sake of the trees (viruses). However, the process of a virus attacking a cell and its disease-causing effect has not been proven in studies until today! Especially in this point there are many gaps in the argumentation of the evidence. A well-known researcher even openly admits that so-called extracellular vesicles (footnote at the beginning of the article), which play a role in cell communication, cannot even be distinguished from allegedly pathogenic viruses².

According to the Lung Information Service, about 350,000 to 500,000 people in Germany fall ill with pneumonia acquired on an outpatient (outside the hospital) basis every year. This means about 1,000 to 1,300 outpatient acquired pneumonia cases per day. In Western Europe, pneumonia is the most common cause of death among the so-called "infectious diseases". Worldwide, about three to four million people die from it every year. In Germany, according to Wikipedia, there are about 20,000 per year. Other sources even speak of up to 50,000 deaths³.

If we put these figures in relation to our corona epidemic, which threatens the world and is said to have killed less than 9,000 people in Germany, we have to ask the responsible doctors, politicians and media whether they have lost sight of the proportionality, whether they can still be saved or whether there may even be some kind of intention behind it. In view of the mortality rate mentioned, we must also not forget that the people affected died with the virus and not as a result of the virus, nor were they tested for influenza. Suddenly they were completely "gone".



Territorial Fear Conflict (e.g. general fear for health) to Bronchitis (possibly pneumonia/bronchial carcinoma)

Conflict of fear of suffocation (can be triggered by intubation) to Bronchitis (with heavy mucus buildup)

Fear of death conflict Conflict in solitary confinement (hospital, isolation, intensive care unit) to Pneumonia (also tuberculosis and/or abscess) and Additional water retention (water in the lungs)

Worüber unterhalten sich ältere Leute gemeinhin? Zumeist über Gesundheit. D.h. die Gesundheit selbst bzw. ihr Erhalt wurde für viele zu ihrem wesentlichen „Revier“. Wird nun über Medien und Politiker ununterbrochen von einer neuen tödlichen Seuche berichtet, die vor allem Ältere betreffe, bewirkt dies bei vielen einen Revierangstkonflikt, dessen Folge – zeitversetzt (in der konfliktgelösten Phase) – Bronchitis oder virale Lungenentzündung ist. Somit ist Covid-19 quasi eine sich selbst erfüllende Prophezeiung, was besonders im Hinblick auf die herbeibeschworene „**zweite Welle**“ von Interesse ist. Kaum werden Medien und Politiker verkünden, dass Corona jetzt besiegt sei, dürften Millionen von Menschen eine Bronchitis oder Lungenentzündung bekommen ...



What do older people generally talk about? Mostly about health. This means that health itself or its preservation has become their main "territory" for many people. If a new deadly epidemic is now being reported incessantly in the media and by politicians, which affects older people in particular, this causes many people to fear for their territory, the result of which is bronchitis or viral pneumonia. Thus, Covid-19 is a self-fulfilling prophecy, which is especially interesting with regard to the "second wave". No sooner will the media and politicians announce that Corona is now defeated than millions of people are likely to get bronchitis or pneumonia ...

While most Covid-19 diseases are completely harmless or moderate, it is mainly the cases of severe viral pneumonia that justify all restrictive measures (ban on assembly, contact, mouth protection, etc.).

From the point of view of 5bN, the trigger for viral pneumonia is fear of the territory. Most Covid-19 sufferers are therefore likely to have suffered from a fear of the territory, for example with regard to a previously known health weakness (previous illness). Especially for elderly people, for whom health itself is often their main "turf", as described above, the announcement of a "deadly pandemic" can be a trigger for conflict - which, moreover, is retriggered every time terrible pictures and news are broadcast on television! And this happened several times a day at Corona. A pretty diabolical thing!

Since several biological conflicts can also be triggered in parallel, or a biological conflict can often be followed by a subsequent conflict, it is of course also possible that an ectodermal fear of territory (viral pneumonia) is simultaneously triggered by an entodermal fear of death (bacterial pneumonia), or that the fear of death is added to the fear of territory conflict as a subsequent conflict.

Since both types of conflict can lead to pneumonia, orthodox medicine speaks of a "superinfection", i.e. when a viral infection is joined by a bacterial infection (triggered by a further, additional biological conflict).

Here is another example: A 79-year-old former chemical worker from Bergamo (Northern Italy) has been suffering from asthma for years. Poor environmental conditions on site have left their mark on him, and he often suffers from respiratory diseases. Since he does a lot for his health, he has made it his territory (his task), like so many elderly people.

When the panic messages from Wuhan concerning SARS-CoV-2 increase in Europe and the first diseases appear in Europe and especially in Northern Italy, he often worries anxiously, because he is strongly preloaded with respiratory diseases. A "turf fear conflict" overcomes him and he gets bronchitis. His condition worsens daily and he is afraid that he has caught the "deadly" virus. As a result he suffers a mortal fear conflict - and then he gets a bacterial pneumonia. In the meantime we have a "super-infection" in orthodox medicine.

Conventional medical errors/guidelines

Nowadays, especially in intensive care, patients are too often no longer seen as individuals, but as a kind of biological machine that has to be treated according to certain guidelines. If the doctor has "tried everything" according to the guidelines and the patient has died, nothing will ever be held against him. If he has done something, he can get legal problems.

This is a core problem: Our western society has degenerated into an insurance and liability company. Not only doctors will do everything possible and possible according to the guidelines (even if it might be too much), but also politicians (restrictions of public life and even of basic rights), just to be on the safe side. Who is responsible for this? For the most part the society itself. The people who sue a doctor for not saving Aunt Erna from death! The people who blame politicians for the fact that there have been deaths due to not taking measures, etc. We find ourselves in a huge fear system that doesn't even stop for those responsible.

The consequences are, among others, wrong treatments, as quoted by Dr. Köhnlein from the "Lancet" (see Dep. 07+08) with a combination of cortisone, antiviral drugs, broad-spectrum antibiotics and many others, which led to the death of a patient, although he did not even belong to the risk group.

I have received identical information from an intensive care nurse who works in the corona ward of a hospital near me. She also described that Covid patients were given a cocktail of cortisone, antibiotics, malaria and AIDS drugs, etc. It seemed to her that these people were guinea pigs in this respect.

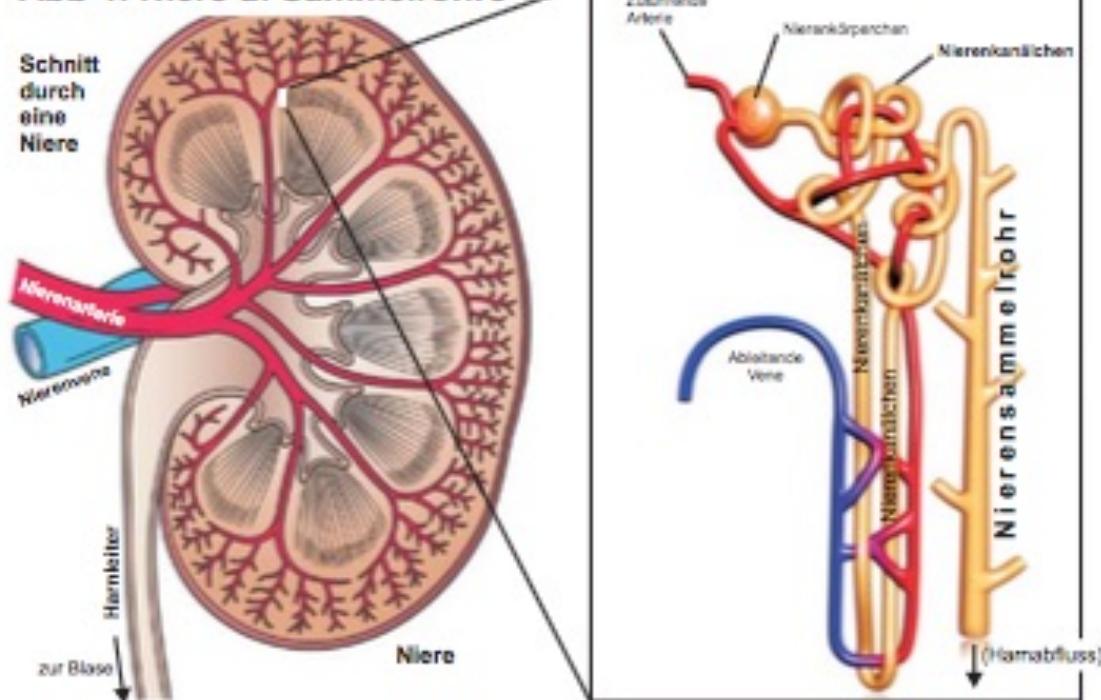
But also the premature intubation is currently - and rightly - getting more and more criticized. This means that people come to hospital with respiratory distress and possibly water in their lungs and are intubated too early. The fact that this intubation, based on the knowledge from the 5bN, usually (foreign body in the trachea) triggers the biological probe program of the goblet cells and causes even more fluid storage within the respiratory tract, is the real disaster.

Several studies from the USA, China and England, so Focus on Line, indicate that within the scope of Covid-19 considerably more intubated patients die than patients who were connected to ventilators due to other diseases. According to the New York news agency Associated Press, about 40 - 50 percent of the patients who had to be connected to a ventilator due to breathing difficulties independently of Covid-19 died. In New York, however, doctors observed that up to 80 percent of Covid patients connected to a ventilator died - almost double the normal number⁴.

Conventional medicine knows that intubated patients have to have their mucus sucked out of the respiratory tract every day. But if the health problem is exactly there and the fluid in the lungs is the main problem, the additional fluid production of the goblet cell program is very counterproductive.

The syndrome

Abb 4: Niere u. Sammelrohre



The biggest and most important problem, however, which must be explained in connection with Covid-19, is a special biological programme (SBS), which was already presented in Dispatch 23+24/2016, "The Kidneys", namely the biological sonogram of the renal collection tubes* - and the resulting so-called syndrome*.

The kidney collection tubes are an important factor in determining how much fluid (urine) is actually expelled in the end. They are the place which can delay the dehydration of the body and thus react to the (lack of) availability of water from outside. The collection tubes are controlled by a hormone called ADH*, which influences the reabsorption of water, causing the body to lose less water.

The biological activation of the conflict is a dehydration problem. One has to imagine that each client is standing in the desert and does not know where the next water hole is. Therefore, the body does not release any tropical water senselessly. In the wilderness, the subject of conflict is very important because it can quickly become deadly. Therefore, Dr. Hamer simply called the conflict topic "conflict of existence" - or also "refugee conflict". In a broader sense, we can speak of the feeling of being homeless and alien in the case of a refugee conflict, or in the case of an existential conflict, of the feeling of being poorly cared for.

A further nuance of conflict is the conflict of being left alone with the feeling of being left alone and lonely.

Finally, the real lack of water as mentioned in the previous paragraph must not be forgotten.

The affected area of the brain is the brain stem and we are again in the cotyledon of the entoderm.

In the conflict-active phase the function of the kidney collection tubes is increased, i.e. the reabsorption of water is intensified. But also other urinary substances* are retained. Symptoms can be a reduced amount of urine, weight gain, visible water retention in the body, but also increased uric acid and creatine levels*. Thirst and a dry mouth are also possible. In case of prolonged conflict activity a flat growth of the resorptive cells*, a so-called non cell carcinoma*, can occur.

In the pcl- phase the function of the collecting tubes returns to normal. More water is excreted. The excess weight accumulated before (water retention) can be reduced again, the uric acid and creatinine values drop again. If tumour growth has taken place, it is broken down in a molecular way. This can lead to kidney inflammation and renal tuberculosis, while blood and increased protein can be trapped in the urine (stinking). Night sweat and fever are also common.

The biological sense is, as already known from the content of the conflict, to hold back water, urine and other possibly usable substances so that the being can survive longer on the run, alone or in existential need.

If an SBS deserves to be called the most important thing, then this one. The meaning of these small renal tubules goes far beyond the kidneys. Every other SBS ("disease") of the body is negatively influenced by an active SBS of the renal collecting tubes. The symptomatic is called within the 5bN syndrome*. Each regeneration phase of another SBS is aggravated by active kidney manifolds in the form of an increase in swelling. But not only other special programmes are worsened, the same applies to surgery (and its treatment), injuries - and even bee stings etc.

The refugee conflict is a very old conflict topic and so to speak "the burden of all land creatures". We come from the water, but we no longer live in it. Therefore we are always condemned to know where water is (security, safety, our home, an oasis etc.).

*Kidney collection tube: finest tube at the end of the smallest filter unit in the kidney (so-called nephron, see figure 4, right picture) for the drainage of urine from the nephron. There are approximately one million nephrons in a kidney and thus also one million collection tubes.

*Syndrome (general): combination of several different signs of disease, coincidence of several symptoms, symptom complex (Greek syndrome: the convergence, coming together, from syn: together and drome: run).

*ADH (antidiuretic hormone): Hormone that promotes the water reabsorption of the kidneys with the aim that the body loses as little water as possible (Greek anti-: against, diouretikos: diuretic, too gr. dia-: through and rhine: to flow).

*urinary substances: End products of the body's metabolism that must be excreted with the urine, e.g. urea, uric acid, creatinine and dozens of others.

*Creatinine values: Creatinine is a metabolic product of muscle activity which has to be excreted. In medicine, the creatinine value serves as a laboratory parameter for kidney function (the higher the value, the lower the "kidney function").

*resorptive cells: Cells which absorb dissolved substances and liquids, mostly cells of the covering tissue (epithelia), i.e. the mucous membranes (intestine, stomach) or the outer skin, and release them into the blood or lymph (lat. resorbe, literally: slurp back). In the kidneys the resorptive cells are located in the small renal tubules (see figure 4).

*Kidney cell carcinoma: a tumour originating from the tubule cells of the kidney (renal tubules, see figure 4) (cell proliferation). About 90 percent of the renal tumors are renal cell carcinomas.

"[...] The belief is that this is due to the serious illness of the patient and not just to the therapy", says pulmonary physician Dr. Gerhard Laier-Groeneveld from the pulmonary clinic in Neustadt im Harz. He does not believe this. Instead, he is certain "that intubation and ventilation are dangerous and that intubation must be avoided at all costs. That's why Laier-Groeneveld is taking a completely different approach. At his clinic, he treats Covid-19 patients with respirators and consciousness. He hasn't had a single patient..intubated - and never lost a single patient. tagesschau.en/investigativ/monitor/ventilation-101.html

Transferred to us modern people, the so-called conflict contents are about not being in absolute bondage or not being cared for in such a way that we can be carefree regarding our survival. The

conflict contents are so complex that a clear formulation is hardly possible. It is also difficult to sufficiently describe the individual feelings of affected persons.

The situation that a person cannot feel safe or be sure of his own survival already implies the existential fears that can occur at any time in case of illness. But also in connection with the loss of the job or difficulties in the own company existential fears can occur at any time.

The conflict of being left alone is probably the most frequent trigger for this SBS in our society today. It often occurs during childhood, when parents do not have time for their children. Also the separation of partners as well as the beginning of pregnancies, in which women feel left alone with the situation, are often mentioned as the beginning of such a conflict.

With regard to hospital admissions, the kidney collection tube program often plays a very important role as the named conflict contents for the patient are usually given here. For this reason a hospice is sometimes even better than an intensive care unit.

The stronger the conflict, the more water is stored. The SBS can reduce our excretion by up to 99.9 %. However, water is not stored and maintained indefinitely, but only up to a certain level. It is also possible that only one kidney will reabsorb.

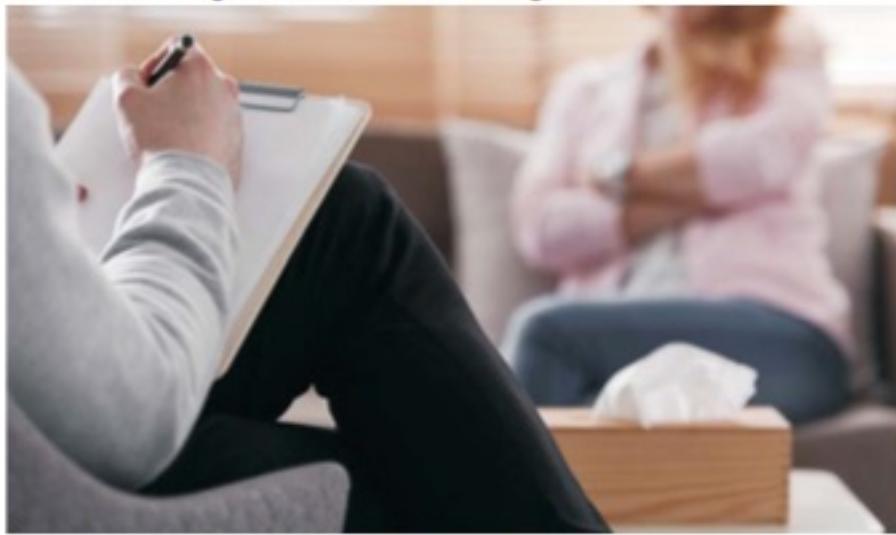
The water is mainly stored in the fat and connective tissue. The fatty tissue acts like a kind of sponge. Fat cells are very elastic and can absorb many times their volume of water. Therefore, a quick increase in weight is possible. But then you are actually not fat, but bloated. The water can be distributed evenly but can also be stored locally, i.e. where there are conflicts (e.g. wrists or ankles).

Occasionally one can recognize active conflict by the eyes. The VI cranial nerve, the ner- vus abducens, which is responsible for the eyes, runs through the brainstem area of the collecting tubes. If it is impaired by the swelling process in the brain, it can be transmitted to us modern humans to squint outward, the so-called conflict contents are about not being in absolute bondage or not being worried in such a way that we can be carefree concerning our survival. The conflict contents are so complex that a clear formulation is hardly possible. It is also difficult to sufficiently describe the individual feelings of affected persons.

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Manche sog. Therapien wirken nicht als solche, sondern zeigen nur deshalb Ergebnisse, weil der Patient gut betreut wird, sich gut aufgehoben, sicher und geborgen fühlt. Dies schwächt seinen Konflikt des Mutterseelenalleingelassenseins ab und vermindert die damit einhergehenden Symptomatiken. Anders ausgedrückt: Das Wie einer Behandlung kann manchmal wichtiger sein als die Behandlung selbst.



Some so-called therapies do not work as such, but only show half the results, because the patient is well cared for, feels well looked after, safe and secure. This weakens his conflict of being alone with his mother and reduces the associated symptoms. In other words, how a treatment is carried out can sometimes be more important than the treatment itself.

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There is also a special constellation (psychological behaviour) when the collecting tubes of both kidneys are in the ca-phase at the same time. It is a matter of spatial and temporal disorientation. This can range from bad orientation to complete disorientation.

I had also experienced such situations several times during my service. If I used to think that it was a problem of age, I could often improve such situations since I learned about 5bN by giving people a glass of water and, as far as possible, taking good care of them. Because of this their disorientation often improved promptly. I am reminded of the basic conflict of the situation, namely the real lack of water.

Many pseudotherapies can be explained with this SBS. If a patient is well cared for and feels well taken care of by the therapist, many symptoms can be improved by a reduction of smoldering (the patient loses water retention), i.e. the therapy does not work as such, but because the patient feels well cared for, comfortable and secure.

The worst thing about this SBS, however, is the fact that conventional medicine does not know it in this form. Where the water retention in the body comes from is not known - and the reduced urination is even misinterpreted as kidney failure. With this SBS you are very quickly a potential dialysis patient.

Before we now connect what we have read with the situation in an isolation/intensive care unit, here is a short example from my family:

A 65-year-old woman was hospitalized for cancer surgery. Hardly anyone had time for her. She did not feel comfortable and strange there, which is why she suffered a refugee conflict. This is why she didn't like the food, which she kept mentioning. She felt badly cared for and also suffered an existential fear conflict! So she stored water, got thick arms and legs. After the operation the wound healed very badly due to the tissue that had been floated up, the surgical sutures broke open and she had to be notoped twice. In the end the wound had to heal openly.

Kidney tubes and Covid-19

The SBS of the kidney collection tubes is a decoder program. In this cotyledon the conflict topics are to be understood less on a regional level but on an unconscious level of perception. Even people who are lying in an intensive care unit and are not conscious have these sensations. The intensive care nurse I already mentioned told me that according to her opinion 80-90% of all patients lying in an intensive care unit store water.

If we now relate the situation around Covid-19 to the SBS of the sewerage pipes and the conflict potential described above, we can see an enormous potential for conflict. First of all, however, we should note that every human being functions or reacts in a particular way due to his or her personal character, and in this situation, no guideline can or may be applied to anyone.

While most of us might feel alone, isolated and not safe in an isolation ward, it is still possible that someone else might be glad that he has his peace and quiet and that he is safe from infection there. But the statements of the intensive care nurse may prove that the unconscious fears often speak a different language than the expressed feelings.

On an organic level, this special program is a catastrophe for almost every lung patient with respiratory distress! As we know, water is mainly stored in places where pcl phases occur anyway. This means that due to the body's repair efforts, more fluid is already being stored there anyway - and now additional fluid from the kidney collection tube is being added.

Many well-known symptoms such as herniated discs, gout, ascites*, brain edema, endometriosis*, poor wound healing, etc. would not exist in the frequency of the syndrome without it.

Due to the fact that the kidney collection tube program is not known in orthodox medicine, there is another problem which is related to the medication. In the presence of a syndrome, no sympathetic* acting drugs should be administered, as these increase the activity of the kidney

collection tube program. The liquid storage is formed in the sympathetic phase. If a sympathicotonic drug is administered at this stage, it strengthens the renal collecting tube program, which can possibly kill the patient.

Inflammations occur basically during the pcl-phase. The drug cortisone, for example, has an anti-inflammatory effect by promoting sympathicotonia (artificially initiating the ca-phase on a physical level, so to speak), thus stopping the healing phase (and the inflammation). Smouldering and inflammation symptoms of the regeneration process are thus reduced in the short term.

The patient has the feeling of improvement for one or two days. But then the above-mentioned strengthening effect of cortisone on the kidney collection tube program will gain the upper hand - and the cortisone will be a disadvantage.

*Ascites: Watery abdomen, abdominal fluid retention. According to the rules of 5bN, the solution phase of a conflict of an "attack against the abdominal cavity" (in which medical intervention is not allowed, otherwise life is in danger!)

*Brain edema: swelling in the brain. From the point of view of 5bN, a temporary accumulation of water and connective tissue (glia) in the pcl phase for repair, preceded by problems during the ca phase.

*Endometriosis: Increase of endometrial tissue outside the uterus, accompanied by menstrual problems and abdominal pain between menstrual periods.

*sympathicoton: related to the sympathetic nervous system, which controls the processes during the conflict-active phase.

Summarized

- The Covid-19 symptomatology is said to be triggered by a virus, which is why, according to the knowledge of cotyledon science, only the turf or fear conflict is a possible trigger.

- Elderly people who have already "explained" their health to their district with the diseases acquired in the course of their life react to processes and problems which endanger their health with district or fright fear and thus proportionally increase the number of diseases in older people. Such a process can be e.g. the "coughing" or "sneezing" of a person. The person feels attacked by the virus in his or her area, so to speak.

- It is a sad but unfortunately true fact that these problems are fueled and even caused by the often exaggerated horror and panic reports in the media. With this, the embarrassing role of the media loyal to the line would also be mentioned.

- If the actual trigger of these panic messages is the misunderstanding of today's medicine, one may truly ask the question what most people died of in the course of this unnecessary panic-mongering. It was not SARS-CoV-2, the pathogenicity of which has never been scientifically proven, but biological conflicts, subsequent conflicts - including those caused by scare news and medical diagnoses - and incorrect treatment resulting from ignorance of the actual biological relationships.

- If people have one or two biological conflicts, the matter is not finished in this sense. Symptoms of illness arising from the conflicts (supported by wrong medication and other panic messages issued

according to a proven pattern) often trigger the familiar symptoms of the subsequent conflicts. A district fear conflict may be followed by a fear of death, an intubation by a fear of suffocation - and the big problem of refugee, existential fear or the conflict of being left alone is not on the conventional medical screen anyway. But exactly this special programme is a very frequent companion for people in hospitals, especially in intensive care and isolation wards.

If the knowledge of the five biological laws of nature were recognized in orthodox medicine, so many problems could be reduced or would not even arise.

I hope that my words can contribute to the reduction of fear and thus to more health!

Armin Marx

Sources and links:

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The author Armin Marx is 60 years old, a police officer (now retired), has two children and lives near Sinsheim in the Rhine-Neckar district. Together with his partner he runs a small practice, where he covers the Hamersche Medizin (5bN), optimally complemented and supported by his partner as a healer. Both are also active in energetic healing!

During his energetic trainings about 7 years ago he came to the five biological laws of nature (5bN) of Dr. med. Ryke Geerd Hamer, which fascinated him. Since that time he lives almost exclusively for and with the 5bN. He writes: "The simplicity, clarity and logic with which Dr. Hamer explains through his 5bN everything that orthodox medicine has been trying to research for decades without success with billions of dollars is gigantic. When you realize that all symptoms have a biological meaning, you also know that our developmental history had no room for evil mycrobs or metastases. Nature always works in a positive way, not against itself."

Five years ago, Armin Marx started giving lectures on 5bN and founded an information group on Hamersche Medizin in the Rhine-Neckar region.

Armin Marx, phone: 07263/40 99 600,

Dates Information circle and lectures on: praxis-du-und-ich.de



Der Autor Armin Marx ist 60 Jahre alt, im Hauptberuf Polizeibeamter (heute Ruhestand), hat zwei Kinder und wohnt bei Sinsheim im Rhein-Neckar-Kreis. Zusammen mit seiner Partnerin betreibt er eine kleine Praxis, in der er die Hamersche Medizin (5bN) abdeckt, optimal ergänzt und unterstützt durch seine Partnerin als Heilpraktikerin. Beide sind auch im energetischen Heilen tätig!

Während seinen energetischen Ausbildungen kam er vor etwa 7 Jahren zu den fünf biologischen Naturgesetzen (5bN) von Dr. med. Ryke Geerd Hamer, die ihn faszinierten. Seit dieser Zeit lebt er fast nur noch für und mit den 5bN. Er schreibt: »Die Einfachheit, Klarheit und Logik, mit der Dr. Hamer durch seine 5bN alles erklärt, was die Schulmedizin schon seit Jahrzehnten erfolglos mit Milliardenbeträgen zu erforschen versucht, ist gigantisch. Wenn man dann noch erkennt, dass alle Symptome einen biologischen Sinn haben, weiß man auch, dass unsere Entwicklungsgeschichte keinen Platz für böse Mikroben oder Metastasen hatte. Denn die Natur arbeitet immer zum Positiven und nicht gegen sich selbst.«

Armin Marx hat vor fünf Jahren damit begonnen, Vorträge über die 5bN zu halten und einen Informationskreis zur Hamerschen Medizin im Rhein-Neckar-Raum zu gründen.

Armin Marx, Tel.: 07263/40 99 600,
Termine, Informationskreis und Vorträge auf: praxis-du-und-ich.de

Disease

Article by Michael Kent

Diseases have always afflicted mankind, in some cases even depopulating entire regions. These experiences are deeply rooted in the human consciousness and form the basis for today's corona fear. In the past, epidemics were considered "God's punishment", today they are the result of dangerous microbes and germs. However, neither of these explanatory models has caused the epidemics to disappear - so they must be wrong. Indeed, they are, although the Church was perhaps even a little closer to the truth. If we take a look at the circumstances that cause so-called "epidemics" - both in the past and in the present - we realize once again: As soon as you know the true causes, you discover something amazing, breathtaking - and can suddenly make problems disappear that previously seemed unsolvable.

In the course of Corona, we should recall what a disease actually is; that is, what is now called an "epidemic" when it occurs regionally, or a "pandemic" when it occurs globally.

All epidemics are by their nature always and exclusively accompanying echoes of fateful events which affect an entire society: Wars, famines, catastrophes, tyrannical regimes, mass or genocide - often accompanied by catastrophic hygienic conditions, long-term bad nutrition, severely limited supply, contaminated drinking water or other poisoning etc.

There are always dramatic conflicts of survival in play, which affect a whole nation or a region: Conflicts of existential fear, conflicts of starvation, fears for the future or for pleasure, fear of death - also for others (e.g. husband who goes to war), for the children, the family, beloved fellow men and good friends.

Which symptoms are associated with an epidemic depends on the existing conflicts. If a war is lost, a people can feel this as a loss of self-worth, as a conflict of having lost their national identity. If a religious war is lost, this can be perceived as a conflict of defilement, even as shame before God. Devastating wars, collapse of infrastructure, no clean drinking water, extreme air pollution, uncertain supply situation - all this can trigger fear of death conflicts and thus lung symptoms. Moreover, catastrophic hygienic conditions, which often accompany such situations, aggravate the problem.

Epidemics almost always appear after the end of the active conflict phase, after the fear of death has been overcome, after a conflict of starvation has been overcome etc. The healing phase of the shock-like survival conflicts experienced together, which are based on fever, tiredness, flu-like symptoms, then creates the impression of contagion. The type of microbes involved in the healing process plays a minor role and depends exclusively on the previous conflict.

People assume that there must be something like infection because suddenly so many people are infected at the same time. Strictly speaking, the symptoms they perceive as illness are all symptoms of healing, i.e. signs of the phase of conflict resolution. In this respect, an infectious disease cannot exist at all, because all flu-like symptoms, fever, headache etc. only occur during the conflict-resolved healing phase.

This knowledge would also be widely recognized - and nobody would worry about "infections" if there was not this one treacherous thing called the healing crisis. If the active phase of the preceding conflict has lasted too long, sometimes the organization does not get the right direction - and the healing crisis in the middle of the conflict-solved phase can then lead to death (especially in case of wrong treatment in ignorance of the five biological laws of nature). Because the healing crisis is generally preceded by a (healing) "infection", "infection" was equated with danger.

Thus, it comes to fear of infection. This fear as well as the fear of death, which is visible everywhere, immediately trigger subsequent conflicts, the symptoms of which are then attributed to the epidemic. "The pestilence is in the air" - this corresponds to an invisible danger that lurks everywhere on all people. Death lies over the city, the region, the world - well, if that doesn't trigger any further shocks of conflict, which are then accompanied by lung symptoms, fever etc., what then? The plague becomes a self-fulfilling prophecy.

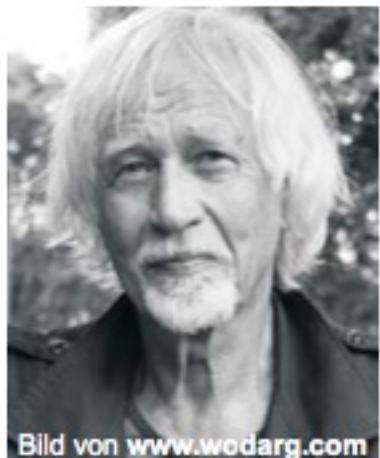
Furthermore, the human being has the remarkable ability to develop exactly those symptoms which he/she conjures up with firm faith - qua- si a combination of self-hypnosis and placebo effect.

As soon as people believe in the existence of a disease, they change their behaviour. Thus Wikipedia quotes the contemporary witness Boccaccio from his work Decamerone in the article about the "Black Death" (European-wide plague in the 14th century). There the author describes that after the outbreak of the plague many inhabitants of Florence no longer fulfilled their social obligations:

We will keep silent about the fact that one citizen avoided the other, that almost no neighbour cared for the other, and that relatives saw each other only rarely or not at all, and then only from afar. The terrible visitation had such confusion in the hearts [...] that a brother left his uncle for his nephew, a sister for her brother, and often the wife for her husband; yes, what seems even stranger: father and mother were afraid to look after their children and care for them as if they were not their own. Many died who, if they had been cared for, would probably have recovered. But because of the lack of medical care necessary for the sick person and because of the power of the plague, the number of those who died day and night was so great that it was frightening to hear about it, let alone to witness it.¹.

We experience something similar today, where, for example, people in nursing homes die away in rows because they are left alone in isolation and lose all will to live. 60 percent of all "corona deaths" in this country were outpatients or inpatients in nursing homes².

Another factor is that as soon as the agreement is reached that an epidemic is being circulated, practically all sick people and all other deaths are attributed to the epidemic, which again increases the panic. There is no longer a distinction between skin symptoms and coughing - everything will be the same as today, when everyone dies of covid-19 and all other causes of death will be completely pushed into the background.



"Today - just like two months ago - is right: If we didn't have the test, we wouldn't notice anything special. If we didn't have the PCR test, we would note with regret the number of people who fell ill and died this year as a result of a medium seasonal flu epidemic." Dr Wolfgang Wodarg

Therefore, hardly anything could be more miraculous than to declare an epidemic, since this alone will cause an epidemic if it does not kill millions of people.

At the same time as the epidemic, a search for a guilty party is started. In the Middle Ages, the Jews were the ones who poisoned the wells, later on the rats were blamed, then the fleas of the rats and finally the bacteria of the fleas. Today, within the framework of a medical science which exclusively researches for monetary results, there are small, evil SARS-CoV-2 "pathogens". Other causes, environmental toxins, tests for other known pathogens, detailed differential slides, autopsies, biological conflicts and special programs (as described in today's article by Armin Marx) - nobody cares!

And there is something else that occurs in the course of an epidemic as surely as the Amen in the Church: experimental treatment approaches. In the Middle Ages, eightfold bloodletting was recommended - which killed several patients, but nobody was interested in that, because it must never be the treatment or the medicine that kills the patient, but always only the evil disease. Not any different today. Also with Corona, an estimated 50 - 90 percent of all "Covid deaths" died due to treatment, wrong medication, early intubation (see article by Armin Marx) etc., while officially they died of Covid-19.

All these factors reinforce the presence of the disease in the consciousness of the people, fulfil the prophecy. Once Hatman takes this path, a vicious circle is set in motion: Faith in a disease, in an infectious virus, the restrictions on fundamental rights and the fate of the lockdown trigger new conflict shocks, leading to new cases, which in turn increases fear of the disease, which in turn increases "case numbers", which in turn leads to sharper measures, which leads to new conflict shocks, which in turn leads to new conflict shocks, which in turn leads to new cases, and on and on.

You can also see this from Angela, who recently, after the Covid flu wave had come to an end, visible to the most stupid, loudly emphasized - so that the entire subpopulation could hear it clearly - that we are only now at the beginning of the pandemic.

And she is right, paradoxically and horribly, if we do not find the exit immediately. Because a pretended epidemic, which was not an epidemic due to the sober data situation, then becomes one because a vicious circle is triggered that continues until we are all dead and the world lies in ruins. Something like the plague in the Middle Ages.

The latest outrage in this context, which is currently driving the death toll in Brazil and other countries in the southern hemisphere to dizzying heights, is the drug treatment of Corona with the malaria drug hydroxychloroquine.

Dr. Wolfgang Wodarg says about this in an interview with Rubikon3: "All over the world hydroxychloroquine was suddenly given away as a gift - e.g. millions of tablets* by BAYER. There are 1,100 clinical studies that have been registered since the beginning of the year, studies with up to 40,000 participants. However, fewer than 100 of these 1,100 studies warn that hydroxychloroquine should not be given to people who have an enzyme defect, who suffer from so-called favism. These people mainly live in tropic countries. In these countries it is good to have this enzyme speciality (favism), because then you do not get malaria. That is why there are so many people in Africa who have this enzyme peculiarity - also in Brazil, in Central America, but also in the Mediterranean countries. Sub-Saharan Africa accounts for up to 30 percent of the population. If people with favism get Hydroxychloroquine in the recommended dose, they will not be able to breathe after two days, and if you give it to them, they will die! Every med student knows that."

Wodarg continues: "What is happening borders on genocide. It is grossly negligent homicide. And if the WHO recommends it as an exceptional emergency treatment, then for me it is nothing more than killing a certain number of people in a targeted manner to create fear in Africa, in Brazil, because we take this disease seriously and say: "Oh yes, the disease is so bad and we urgently need vaccination! It's perfidious, diabolical, it's a prosecutor's job. This is something like a genocide! The WHO mentions this high risk in Africa, in Brazil, in Mexico... with favism. The courts have to take action. This is a crime against humanity. (Listen to the whole interview on YouTube under the headline: "RUBIKON: In conversation: A crime against humanity - Wolfgang Wodarg and Jens Lehrlin").

At this point let us briefly take stock of the situation:

Corona has been far from a plague in terms of actual cases and deaths. Corona was not even a flu epidemic. Corona was actually nothing at all. A nothing underpinned by political and mass media panic, which then led to the symptoms, sequelae, subsequent conflicts, mistreatment etc. described above (see Dispatches 09+10).

This is not a "conspiracy theory", but a fact-based evaluation of the official figures. Subtract from all declared corona deaths those that were above average life expectancy, who had no serious pre-existing conditions and did not suffer from previously undiscovered fatal diseases. Not just any diseases, but cancer and diabetes in the final stages, long-standing cardiovascular problems with multiple previous heart attacks, accompanied by severe overweight, etc.

*I don't know when was the last time you saw the pharmaceutical industry giving something away. I certainly never have. I know the pharmaceutical industry like that: When they give something away, they want something in return, or they expect something in return.

Then subtract further those cases which were mistreated in a panic-induced manner, which were ventilated too early with invasive ventilation, which received malaria and AIDS medication, experimental drug combinations, which caught hospital germs, and which did not originate from one of the five central regions in which environmental deaths due to lung problems are a daily occurrence (see Dispatches 09+10).

Moreover, there are currently increasing indications of a situation which, if confirmed, would be even more unpleasant: During a demonstration in Leipzig, one participant said that his family had been offered a reward of 5,000 Euros by the hospital if the hospital could officially count the father (who died of other causes) as "Corona Dead". In the meantime, the contribution has been censored several times (deleted). My son called me these days from the States (where he lives) to tell me that the family of a close acquaintance was asked by the hospital whether the father, who died of a heart attack, could be counted as "Corona Dead" because the hospital would then receive \$19,000 in support. A similar case occurred in the family of another acquaintance in Canada. No hard facts yet, but strong circumstantial evidence.

Finally, if you take out of the equation the number of those who would have died statistically, on average anyway, from pneumonia and respiratory diseases in the period from January to June, then there are probably not even 1,000 cases left worldwide. If these had been autopsied, other causes of death would very likely have been found. With considerable probability not a single person worldwide has died causally of corona. So Corona is a nothing, which has been stylized to an epidemic.

But if we don't succeed in getting out of this staging right now, the matter will become independent and the Corona myth will develop - right now - into a real, tangible, real epidemic. On the one hand for the reasons described above (incorrect treatment, subsequent conflicts and their symptoms), but also because the "hygiene regulations" that are still in force are in themselves a catastrophe - and bring with them countless fatal "side effects":

What do the rules of hygiene do

An elementary basic principle of (survival) life is a balanced balance!

Man does not survive alone, but only in the balance of all species - and this survival is inseparably embedded in a sea of fungi, bacteria and viruses. The renowned virologist Karin Mölling writes in her book "Superpower of life - Journeys into the world of viruses" that scientists have calculated the number of all viruses with a new method. The result: there are around 1033 viruses living on the entire globe. That is a quintillion. Since such an unimaginably large number generally means nothing to you, let me convert it into money just for fun:

If you were to receive one cent for every virus existing on earth, you would invest the sum with 1 percent interest and then distribute this interest fairly among all citizens of the earth, every earthling would receive 40 billion euros per second in interest in the future. Every citizen of the world at every single second - bang - again 40 billion for everyone, and again! There are so many viruses in the world. 10 million times more than stars in the universe. Of the bacteria, there are similarly many on earth, namely about 1031, i.e. 10 quintillions.

So it is not individual viruses or bacteria that are the problem - never - because in this sea of species, of billions and billions of microbes, all survival depends on the balance being right, on there being an equilibrium. So not a single virus out of all the trillions would ever be the problem, but only the disturbance of the balance.

If you have received a flu vaccination in the last 10 years, your test for the Wuhan virus strain of Covid-19 flu will be positive." Dr. Rashid Buttar

Karin Mölling also says this: "Diseases arise where the balance is disturbed, when the environment changes, [...] due to lack of hygiene, overpopulated cities." The renowned microbiologist and virologist believes that diseases are largely caused by humans themselves - not viruses!

When we understand that it is the balance that counts, we also understand that it is not only a lack of hygiene that causes damage, but also the opposite: excessive hygiene. Logical, isn't it?

So what do we do with the constant disinfection, the mass murder of billions of microbes? Where individual (the microbial species known to humans) are radically eradicated, other species (including previously unknown ones) rejoice and reproduce explosively. Result: disturbed balance = new disease!

And what do we do with the constant hand washing, with gloves and excessive hand disinfection? We destroy the protective microbiome on our skin and endanger our health. What do we do with mouth protection, keeping our distance and isolation? We change the balance of species, shift the balance and thus promote new diseases by disturbing the balance - which, by the way, also happens directly under/behind a breathing mask, which is a veritable breeding ground for bacteria.

But the consequences of not reaching out to greet each other, not hugging each other, not kissing each other on the cheek, not seeing each other less, keeping our distance, limiting our communication with mouthguards, go far beyond that. This not only disturbs the microbial environment surrounding us, but also the no less important social interaction - which in the medium term will also cost human lives.

The message of your mask:

You are contaminated!

You're filthy!



You're dangerous.

It's your fault others are dying!

I told you to shut up!

And what do we first teach our children? We tell them: "Other people are dangerous. School is dangerous! Friends are dangerous! Playing together is dangerous. Communication is dangerous! Such an experience in childhood can have a negative influence on later life.

And what do we convey to our children when we preach to them that they do not want to be close to others, keep their distance, do not play with others, do not hug them, do not caress them, do not

kiss them, touch them, do not even speak to them with a mouthguard? What do we convey to them when we tell them that they may stay at home because it is so dangerous out there in the world? A permanent damage for life!

And all this for nothing?

The Corona measures do not protect. They are the opposite of protection: active, severe danger, which affects the immune system of everyone. The longer we follow dubious "hygiene rules", the more dramatically the immune system of all people is weakened - which can then lead to even more severe outbreaks of disease.

What would be real protective measures against this? Everything that strengthens the so-called immune system: lots of sun, fresh air, exercise, many vitamins, healthy food, lots of communication, contact, love and truth ... Do you notice anything?

By the way: It is not even about "protecting the risk groups". How incomprehensibly indifferent the rulers are to the elderly in our country is obvious. Germany has the lowest pensions in Europe. About half of all pensioners have too little to live on. Many old people have to collect bottles, if not fish leftovers from supermarket garbage containers - which they are forbidden to do at the same time. The work of the blackboards was the first to be affected by the Corona rules.

And old people in nursing homes did not die of "corona", but of the consequences of panic, hysterical mistreatment, neglect, lack of exercise, sun, fresh air and vitamins, but above all the consequences of isolation and loneliness. In Italy, at the beginning of the so-called crisis, entire wards were left alone, the elderly were left on their own. Anyone who still believes in the fairy tale of "protection of risk groups" must want to believe it.

Let's face it: the corona flu wave has been over since the end of April! However, the consequences of the restrictions on fundamental rights, the terrible fate of the lockdown, etc., are likely to lead to new cases, which could be worse than necessary, as the citizens' immune systems have been weakened by the senseless hygiene rules, the wearing of masks, etc., as well as by the ongoing bad news.

The gist of the matter

The foundation of all madness is people's fear of small, evil agents.



I don't know who wrote the novel we are all living in right now, but the plot is a bit incredible, isn't it?

Politicians can only enforce what there is a certain basis for in the population. When major newspapers asked about a month ago whether the easing of restrictions was going too fast or too slow, about 70 percent of those questioned replied that the easing of restrictions was going too fast for them and that it was better to take a more cautious approach. An even larger majority considered the introduction of compulsory vaccination (measles) to be the right thing to do at the time, just as a majority today would immediately be vaccinated "against corona" if a vaccine were available. The expected deaths due to vaccination side effects would then again be attributed to the epidemic.

So the real problem we thinking, sensible, responsible citizens suffer from is not even crazy politicians, greedy corporate bosses, corrupt virologists and unscrupulous pharmaceutical multinationals. No, the core problem is that too many people readily accept the idea of disease-causing viruses.

Why do they do it? Well, it's very convenient. That's all! Because if viruses can cause disease, then people are not to blame, not to blame. It has just got you (or grandma) now. Fate. No one could have prevented it. Not one's own misconduct is more to blame, not the fact that one has never cared about grandma, not that one eats like a garbage chute - or treats others like dirt - no, it was the evil virus.

If we ever want to change this, we - the awake, conscious, thinking, sincere people - must learn to assert ourselves. It is not our task to convince others, it is our task to assert ourselves - or to assert what we know is right/important.

I recently asked myself: what kind of people are these who go to corona demonstrations, who think for themselves, who contradict, who question the obligation to wear masks and corona measures, who do not conform, who do not bow to the authorities, who ask unpleasant questions, etc. What is their common denominator? The answer I came up with: They are pupils, students, housewives, pensioners, unemployed, self-employed, freelancers, doctors with their own practices... in short, essentially people who cannot be blackmailed by their situation or position.

And what kind of people are they who are not interested in corona criticism, who do not question what is being prayed for "from above", who follow the official course, who consider justified and important criticism to be "conspiracy theories", who put on their masks well-behavedly, obeying all the rules in anticipatory obedience? My answer: They are mostly dependent people. Dependent employees, civil servants, doctors in hospitals, small employees of the system media, etc., in short: people who can be blackmailed. (Of course there are always exceptions - on both sides)

Apart from these two groups, there are also those who fuel the corona panic, who promote fear, who fuel the crisis. People who profit from Corona: Investors, pharmacists, media makers, system journalists, politicians... This should give us an indication of who we can and cannot convince.

We will never convince those who live in dependence and close their minds to the truth for fear of losing their position or their job! Even less will we convince those who profit from Corona.

So we have to assert ourselves. For what reasonable reason should we show consideration for deliberate uninformedness, irresponsibility and the fear of cowering followers or even the interests of the crisis profiteers?

We now know...: microbes do not play a causal role in pandemics/epidemics, they even tend to be cures. There is no such thing as epidemics triggered by microbes - a glance at history confirms this. No matter which epidemic you research on the internet or in history books, you will never find an appearance called "epidemic" without the triggering factors I described at the beginning:

Spanish flu was the echo of World War I. It mainly affected soldiers and their families. Here you will find emaciated bodies, conflicts of fear of death, conflicts of survival, miserable supply situation, appalling hygiene in the trenches. At the same time you will find untested and hastily approved vaccines against typhoid fever and smallpox. Several contemporary doctors independently reported that only vaccinated people fell ill with Spanish flu.

Unfortunately, the latter can also be observed with Corona. Take a look at the graph that relates the percentage of flu-vaccinated elderly people and the number of corona deaths. It is noticeable that of all countries that are worst affected by corona and have the most "corona deaths", also have the

highest percentage of flu vaccinations among the over-65s - or on the other hand, those countries that perform relatively well have the lowest percentage of flu vaccinated older people. So what?!

During the terrible plague in the Middle Ages, the so-called "Black Death", there were several years of severe famines and catastrophic hygiene conditions in the rapidly growing cities.

It is said that terrible epidemics etc. once wiped out the Indians in Central and South America. More Indians have died from flu and smallpox than from the weapons of the Spanish. In this context, Südwestdeutscher Rundfunk asked a justified question⁴: "The European conquerors brought deadly epidemics into America. Why, conversely, were they spared American pathogens?" Very good. Do you know the answer? Very simple: Because the Indians did not invade Europe and cruelly slaughtered all Europeans who came across them as supposed animals and heathens.

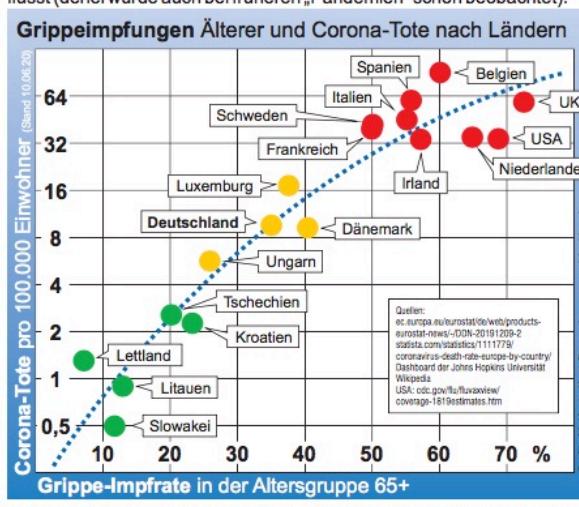
To understand why the Indios died away like flies from (any) diseases, there is no need for "evil germs"! It is enough to know where-by epidemics are caused. Religiously motivated oppression, genocide and real battle orgies are part of it.

Research all the devastating epidemics in the history of mankind - and you will not find a single one that has not been preceded by war, hunger, destruction or other disasters, mostly accompanied by desolate hygiene conditions.

So Corona is far away from being an epidemic.

No, Corona is a pure paper epidemic, a test epidemic, a mass media production, a joint concert of politics, big business and WHO. An artificially created epidemic, like SARS-1, bird and swine flu & Co. before - only this time more dramatic background music was played, because obviously bigger goals are aimed at and additional actors (besides the pharmaceutical industry and WHO) are involved - actors e.g. from the new technology - from the USA, Europe and yes, also from China. It is precisely those companies which "by chance" are now also the biggest winners of the pandemic. Some provide the tests, others the vaccines, others the tracking apps, and still others the news. Some profit from online trading (while small businesses are dying out), others produce masks. By the way: A total of 200 - 300 million tests have been conducted so far. At prices of 100 - 250 Euros per test, we have recorded sales of tens of billions of Euros - not to mention the unspeakable face masks.

Dort, wo die meisten Älteren gegen Grippe geimpft sind, gibt es die meisten Corona-Toten. Das muss nicht zwingend bedeuten, dass die Grippeimpfung die Corona-Sterblichkeit begünstigt. Plausibel aber ist, dass sie das Ergebnis der Corona-Tests in Richtung falsch positiv beeinflusst (derlei wurde auch bei früheren „Pandemien“ schon beobachtet).



Where most elderly people are vaccinated against flu, there are most corona deaths. This does not necessarily mean that flu vaccination favours corona mortality. It is plausible, however, that it influences the result of the corona tests in a false positive direction (this has also been observed in earlier "pandemics").

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Bird and swine flu & Co. - only this time more dramatic music was played, because obviously bigger goals are aimed at and additional actors (except pharmaceutical industry and WHO) are involved - actors e.g. from the new technology - from the USA, Europe and yes, also from China. It is precisely those companies which "by chance" are now also the biggest winners of the pandemic. Some provide the tests, others the vaccines, others the tracking apps, and still others the news. Some profit from online trading (while small businesses die out), others produce masks. By the way: A total of 200 - 300 million tests have been carried out so far. At prices of 100 - 250 Euros per test, we have recorded sales of tens of billions of Euros here alone - not to mention the unspeakable face masks.

But back to the topic: If (real) pandemics (epidemics) are caused exclusively by wars, catastrophes, hunger, oppression, then we learn a lot from this:

First, Corona was not a pandemic. Nevertheless, a real wave of disease is likely to come soon, namely as an echo of the previous worldwide oppression and the destruction of the world economy with all its consequences.



Average for small and medium-sized enterprises: minus 40 percent!

Pandemic Winners And the Losers

Secondly, if the conflict-resolved healing phase of fear of death, fear of existence, starvation, etc. are the real triggers of epidemics, what is the point of vaccinations? At the most, to prevent the healing phase! Never before has a vaccination prevented the outbreak of a disease - forgiveness, healing. If the body is deprived of the natural possibility of healing by vaccine additives and vaccine poisons, the body finds a new way of healing, i.e. only the symptoms change. Once again: With a vaccination only the symptoms change! One symptomatology disappears, the other one comes. You can find more detailed information in our dispatch "Vaccination from the point of view of the 5 biological laws of nature".

Third: How do you prevent the outbreak of real epidemics? Of course, by preventing the causes: wars, hunger, disasters, oppression, lack of hygiene. If, for example, Bill Gates, with the money he spends on vaccine research, would provide the people in Africa with clean water, education, help for self-help, any (supposed) need for vaccinations there would be eliminated.

Fourthly: If the above-mentioned are the real triggers of epidemics, how can (real) epidemics be defeated, i.e. the simultaneous appearance of healing symptoms after they have already occurred? Of course, by letting the healing happen, not by artificially preventing it, by avoiding panic - and by helping the organism of the affected person with naturopathic therapies, good nutrition, vitamins and all other things that strengthen the so-called immune system.

And finally, fifthly: How do you defeat politically staged epidemics? Test epidemics? Mass media epidemics?

By demanding a parliamentary committee of inquiry and extra-parliamentary investigations. By suing - and supporting the suing party. By protesting peacefully but loudly. By researching and uncovering backgrounds and disseminating the results. Furthermore, by persistent demands on politicians, by continuous complaints to the press council. By actively and financially supporting alternative media, alternative projects, initiatives, petitions, actors. Through constant pressure from below!

One does not defeat such artificial epidemics by trying to convince, but by asserting oneself. Stand your ground. Push through what you know is right! Do not ask permission to do the right thing. Just do it. And you will see: Once you do, the followers, reluctant at first, then more and more numerous, will begin to follow you.

Sources:

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